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ABSTRACT

This resource and planning guide on comprehensive alcohol and drug abuse programs was developed by the Wisconsin Department of Public Instruction. Section 1 of the guide presents an overview of alcohol and other drug abuse (AODA), discussing the problem and the solution. Section 2 describes how to implement programs from the initial planning stages to a final, though ongoing, evaluation phase. This is followed by section 3 on strategies of integration within programs, within the school, and with the local community. Section 4 offers a brief synopsis of the AODA program, and section 5 presents full descriptions of the student programs, including the Student Assistance Program, peer programs, and special clubs and activities. Section 6 outlines collateral programs for adults, including the Employee Assistance Program, employee wellness programs, and parent programs. At the end of each program description, special issues concerning implementation and operation are discussed. The next section looks at special populations. These include students with specific sets of circumstances that necessitate a more direct, more intense treatment or adaptation of program services. Such populations arise from individual issues, such as eating disorders and exceptional education needs, and societal issues, such as gender roles and cultural difference. Appended are sample sheets, forms, checklists, and resources that staff members can use when developing and running programs; a discussion of legal issues related to operating AODA programs; and a glossary of AODA terms. (LLL)

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ALCOHOL AND OTHER DRUG ABUSE PROGRAMS

A Resource and Planning Guide

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Comprehensive Alcohol and Other Drug Abuse Programs

A Resource and Planning Guide

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Foreword

Are Wisconsin's young people in jeopardy because of unhealthy lifestyles that include alcohol and other drugs?

That's the question we at the Department of Public Instruction answered in 1988 through a survey of Wisconsin students in grades six through 12. Our findings, reported in 1989 and summarized in the introduction to this guide, showed widespread abuse of alcohol and other drugs.

Then we faced a tougher question: how do we tackle such a complex problem? I requested the help of many people from across the state to find the answer. This guide represents the work of those people and many others. I believe that this guide, when used by educators in Wisconsin schools, will help school staff members, students, and community members face this problem squarely.

You are holding a formula that will guide communities as they prepare students in grades kindergarten through 12 to lead healthy lifestyles, free from alcohol and other drug abuse (AODA). To reach students, we need school-community programs that are unified, cooperative, strategic, and comprehensive. The Wisconsin Model for a Comprehensive K-12 AODA Program, detailed in this guide, encourages districts to form and use an advisory committee to coordinate curriculum, programs for students, and collateral programs for adults.

The one program ingredient not included in *Comprehensive Alcohol and Other Drug Abuse Programs: A Resource and Planning Guide* is the people who will make it work. Even if we could package the human element we wouldn't, because the complex problem of alcohol and other drug abuse doesn't lend itself to a "one size fits all" solution. You and other community members are best qualified to plan for your community. The authors and others who produced this guide have provided a strong foundation and have listed resources that will provide continued support.

I encourage you to share with the department your comments about the guide and how it helped you to establish an effective AODA program in your district. I'm confident that this guide and the caring people of your community will find a solution that will improve the quality of life for Wisconsin school children and the people around them.

Herbert J. Grover
State Superintendent of Public Instruction

Acknowledgments

Contributors

The following individuals have contributed to the development of *Comprehensive Alcohol and Other Drug Abuse Programs: A Resource and Planning Guide.* This development process has flourished due to the input of a variety of people over many months. Individuals listed here are identified along with the organization they represented at the time of their involvement. While it is impossible to list all who contributed at every level of the project, the Department of Public Instruction thanks everyone who has helped to make this publication a reality.

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Overview 1

Introduction

The Problem

Alcohol and other drug abuse (AODA) is one of the most serious and damaging problems facing the United States. This is partially due to the enormous depth of the problem. It affects all levels of society, cutting across every age, race, gender, occupation, and social boundary. Furthermore, users are not the only ones hurt; AODA-related problems can have a devastating impact on non-users too, as in the case of children of alcoholics and victims of drunken driving accidents.

Students in every part of the country have to confront alcohol and other drug issues head on, every day, and Wisconsin is no exception. In 1988 the Search Institute conducted a study of students in Wisconsin school systems for the Wisconsin Department of Public Instruction (Bulletin No. 9408). Several findings stand out.

- Thirty-seven percent of high school seniors drink to the point of intoxication.
- Fifty-three percent of sixth graders already have used alcohol.
- Alcohol and other drug use varies very little by community size. Alcohol and other drugs are as likely to touch the lives of students in small towns as in urban centers.
- Almost half (46%) of high school seniors drove a vehicle after drinking during "the last 12 months."
- Significant percentages of youth in every grade are chemically at risk. In the sixth grade, 10 percent are at risk; in eighth, almost one out of four (23%); in 10th, 38 percent; and in 12th, more than half (51%).

Not only is the problem widespread, as these statistics demonstrate, but it also is exceptionally complex. For one thing, alcohol and other drugs permeate the lives of Americans in the form of medicines, foods, and beverages (for example, the caffeine in coffee and tea). The lines are not so clearly drawn, making either/or choices difficult if not impossible.

All of this is further complicated by the mixed messages students receive about alcohol and other drugs. Parents, teachers, and other adults must be aware of the role-modeling influence they have while practicing their own use. The popular media bombard today's youth with the messages that drinking alcohol is not only acceptable but even glamorous, that smoking cigarettes is a sign of maturity and sophistication, or that taking diet pills is a legitimate method of losing weight.

Students' adult heroes, such as entertainers and sports figures, often endorse and glorify alcohol and other drugs when they appear in beer commercials or play baseball while chewing tobacco. Perhaps the greatest pressures come from the students' peers, some of whom see alcohol or other drugs as a normal part of life.

Another factor, the interconnectedness of problems related to alcohol and other drugs with other individual and social problems, must be added to all this complexity. Some of the problems that can be deeply implicated in alcohol and other drug use/abuse, and vice versa, include: physical abuse, sexual abuse, emotional abuse, eating disorders, depression and suicide, racial tensions, sexuality issues, and exceptional educational needs. For example, it is sometimes impossible to diagnose whether a student's thoughts of suicide derive

from drug abuse, or whether the drug abuse signifies the student's attempt to "self-medicate" in order to ease the pain and loneliness that instigated the thoughts of suicide. Often the two problems feed each other, creating an even larger, more complex problem whose various strands are not easily sorted out.

The Solution

In the face of the depth and complexity of these problems, the only possible solution is a unified, cooperative, strategic, and comprehensive program to deal with all the issues related to alcohol and other drugs. First, the solution must match the complexity of the problem. There are no quick or easy answers. Information and warnings about the dangers and ramifications of using alcohol and other drugs simply are not enough. This was confirmed in the 1970s when a succession of prevention programs proliferated across the country, each purporting to have the final solution to the "drug problem." Each involved a different approach: scare tactics, "get-tough" policies, values clarification, instruction in decision making, and so forth. Each new "solution" was implemented without evaluation data to prove its effectiveness, or was followed shortly thereafter by studies demonstrating either no effect or actual increases in student drug use. A more comprehensive approach was needed.

Second, the solution must reach all depths of society. For schools, this means not only the older students in high school but students of every grade who are affected by issues related to alcohol and other drugs—in other words, every student, all the way down into the elementary grades. Other members of the school community must be reached, too—teachers, coaches, custodians, cooks, secretaries, administrative staff, and so forth. Moreover, for a program to have a truly significant impact on all students, it must extend to parents and the community at large, for they all contribute substantially to the students' general environment.

Third, the solution must cover all contingencies. It should not focus solely on alcohol and other drug abusers. Many other groups of people should be specifically targeted, including those recovering from chemical dependency, the misusers on the path to abuse, the users flirting with misuse, and even the nonusers, who may be tangibly influenced by other people' s use. Another target group consists of those with other needs and problems not necessarily related to alcohol and other drugs (though they may very well be in the future). The activities and services already established in a comprehensive AODA program can easily be adapted to deal with a wide variety of issues.

Fourth, the solution must respect and acknowledge individual and cultural differences. To effectively reach all populations, an attitude of concern, respect, and advocacy is needed. A comprehensive K-12 AODA program needs to recognize the uniqueness of every student and needs to deal with individuals according to the particular demands of the case. AODA staff should closely examine their own district to discover what individual and cultural diversity exists. In addition, school personnel must become sensitive to any biases they may hold and the effect these attitudes may have on their interactions with co-workers, students, parents, and other community members.

Furthermore, since many activities and services in a comprehensive AODA program are strongly oriented toward personal growth, interpersonal relationships, education, and even just plain fun, they can be attractive to all students, including those who have no particular problems, AODA-related or otherwise. Bringing in such students enriches the lives of all participants, creates a better school climate, and increases the overall effectiveness of the alcohol and other drug programs.

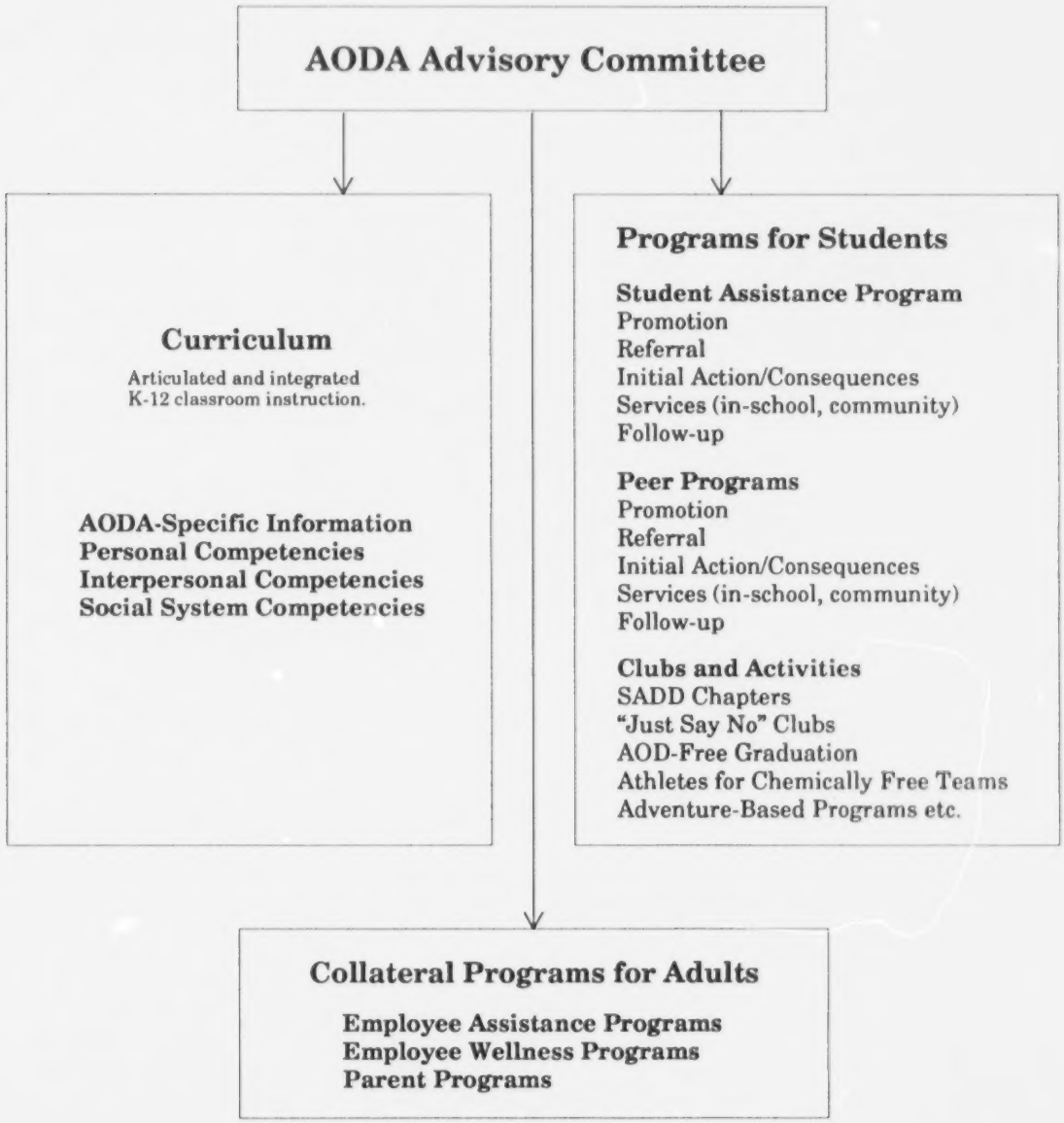
Covering all contingencies is not limited to targeting groups of people, though; it also involves employing various strategies. In response to this, the Wisconsin Model for a Comprehensive K-12 AODA Program includes several components (see Figure 1). Of utmost importance is the instructional component, an in-class AODA curriculum for every grade in the school system. A sound curriculum plan should be coupled with a *cluster* of student programs, including a Student Assistance Program (SAP), peer programs, and special clubs and activities. These two, curriculum and student programs, provide the foundation of a comprehensive AODA program in the school. As adjuncts to these, collateral programs for adults—such as an Employee Assistance Program (EAP), employee wellness programs, and parent programs—can support the student programs by (1) providing positive examples of behavior and concern, (2) reinforcing the idea that AODA-related problems affect everyone, and (3) improving the overall school environment. Finally, any solution to AODA problems *must* involve programs, services, and

agencies in the local community. This guide presents suggestions for achieving cooperative integration between school and community.

Admittedly, the complexity of the solution offered here may be intimidating, but as stated earlier, so is the problem. The purpose of this guide, however, is to make the task of confronting the multitude of AODA-related problems less formidable by outlining the entire scope of possible strategies and by providing specific, step-by-step plans for developing individual programs, one at a time if necessary. Eventually, these programs, working hand in hand with an AODA curriculum, will synchronize into a comprehensive network of

Figure 1

The Wisconsin Model for a Comprehensive K-12 AODA Program



support for all students in their daily struggle with issues related to alcohol and other drugs.

Who Can Benefit from This Guide

Obviously, schools without any or with only a few AODA programs in place will find this guide useful in implementing such programs. But even schools that already have initiated a fairly comprehensive AODA program, including an active Student Assistance Program, can profit considerably from the information and suggestions offered here. This guide may be used as (1) the basis for a total evaluation of existing services, (2) a checklist by which to expand current programs and institute new ones, and (3) a source of ideas on how to revitalize programs—even rather successful ones—that have been in operation for some time.

The guide also will benefit community leaders interested in evolving a total plan to combat AODA problems in every sector of the local population, beginning with students perhaps, but extending to young people outside the educational institutions as well as to all adults in the community.

The prime beneficiaries of this guide, however, are the students themselves; for the good news is, *these programs can work*. School and community people can see results in the first year or two of program implementation. This is uplifting after years of discouragement and hopelessness. The improvement is not just with individual students, but it encompasses the general school and community environment. School staff members report feelings of greater professional fulfillment as well as changes in their own personal use of alcohol and other drugs and in their attitudes toward students with problems. Communication in general improves, creating a far more positive school climate for the students. Statewide, there has been an increase in student participation in "alternative" social and recreational activities, in which alcohol and other drugs play no part, either before, during, or after.

There is some indication that students from comprehensive AODA programs are more highly motivated when they enter treatment, do not look at it as punishment, and therefore have less anger and resentment. These students know what they will return to—a support system with trained people who care. The family is more often involved positively, in an "up front" manner, without having to be dragged in, embarrassed, or coerced to participate.

All of these benefits are encouraging, but of course they demand a fully functioning, comprehensive AODA program.

The Plan of the Guide

Because AODA programs are multifaceted and interconnected, this guide presents a complete section on how to implement programs (Section 2), from the initial planning stages to a final, though ongoing, evaluation phase. This is followed by Section 3 on strategies of integration within programs, within the school, and with the local community. Section 4 offers a brief synopsis of the all-important curriculum component of a comprehensive AODA program. Section 5 is the core of the guide and presents full descriptions of the student programs, including the Student Assistance Program, peer programs, and special clubs and activities. Section 6 outlines collateral programs for adults, including the Employee Assistance Program, employee wellness programs, and parent programs. For all the programs, at the end of each description, special issues concerning implementation and operation are discussed. Next is a section on "special populations," namely, those students with specific sets of circumstances that necessitate a more direct, more intense treatment or adaptation of program services. Such populations arise from individual issues, such as eating disorders and exceptional education needs, and societal issues, such as gender roles and cultural difference. Finally, Section 8, Appendixes, includes sample sheets, forms, checklists and resources that staff members can use when developing and running programs; a discussion of legal issues related to operating AODA programs; and a glossary of AODA terms.

Readers are encouraged to consult *every* section of the guide. Again, a complete, broadly based understanding of possible solutions is essential because of the depth and complexity of the host of problems associated with alcohol and other drugs.

Implementation 2

This section deals with the general process of implementing programs and specifically how to apply this process to alcohol and other drug abuse (AODA) programs, such as the ones described in Sections 4, 5, and 6. The overall process can be divided into five stages: the initial formulation of an *overall comprehensive strategy*, the *appraisal* of local conditions, the *plan of action*, the *delivery* of specific programs, and the ongoing *evaluation* necessary to maintain and revitalize the entire cluster of programs (see Figure 2).

As separate as these classifications of distinct, sequential steps may be, it is imperative to view the entire process as an organic whole. Programs may be in various stages of development, even simultaneously, and earlier "steps," such as devising plans of action, must be returned to again and again. When no formal AODA program exists and the intent is to begin activities, the sequence of initiating begins. However, once this initiation focus has gone through the cycle of implementation, program developers must return to each stage, but with a new focus. There are a number of possible ways to refocus implementation efforts.

- Maintaining – Program activities are present and there is a need to support their existence.
- Revitalizing – Program activities are present or were at one time. However, efforts have deteriorated or ceased, and the program needs rejuvenation.
- Enhancing – Program activities exist and are continuing without major problems. However, there is interest and there are opportunities to expand them.

The process of implementation is cumulative as well as circular. Once a stage is started, it actually never ends. Its relative emphasis may increase or decrease, but a stage is always present and always operating to some degree. This process gives programs a healthy, positive, ongoing vitality.

Finally, it is important to remember that a program is not only what is written down on paper, but a dynamic and systematic organizing of relationships of people working toward a common goal.

Advisory Committee

The first important task before implementing an AODA program is the formation of an advisory committee. This committee is responsible for devising a comprehensive strategy for implementation of an entire cluster of AODA programs, including curriculum, programs for students, and collateral programs for adults. Although members of this committee will not be the only ones involved in the delivery of program activities, they will be the driving force behind the entire cycle of implementation and will provide long range coordination and leadership.

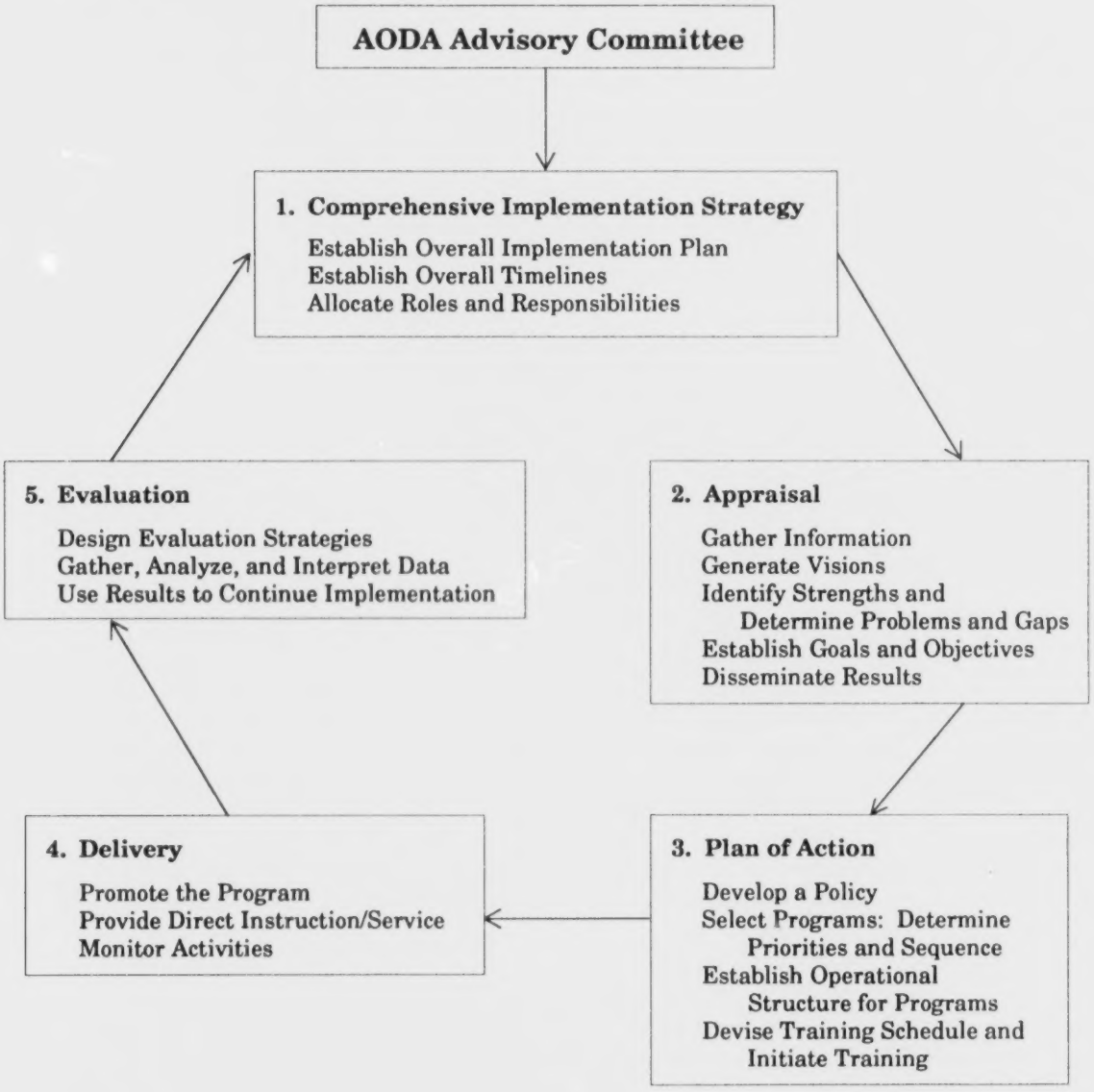
It is vital that the advisory committee represent a broad range of diversity, perspectives, and skills. The makeup of the committee should be reflective of the local community in terms of race, sex, and disability. Such diversity is an excellent way to ensure that the outcomes of the committee will meet the specific needs of all groups within the school population. School representation needs to be K-12 and should include board members, administrators, teachers, and pupil services staff. Ideally, community representation will include

parents, treatment providers, law enforcement, clergy, and medical personnel. Although there is no one way to organize the committee, it is important to find willing and committed people who share a similar philosophy regarding AODA.

The AODA Advisory Committee needs to overlap to some extent with similar committees such as at-risk, developmental guidance, and suicide prevention. Smaller districts may combine these committees for a more practical approach. The committee may be linked to a community task force, and hopefully the two committees will be working toward the same overall goal. Some members may be on both groups. Although the school committee is the driving force in the implementation of programs within the school and the community task force in the implementation of those in the community, there will be links between both groups, and activities need to be integrated and coordinated.

Figure 2

Stages of Implementation Process



The advisory committee needs to be knowledgeable and capable early in the implementation process and can achieve these qualities through training. When the committee is trained together in basic AODA information and programs available, they not only gain knowledge, but develop as a team, a valuable tool in ongoing support, enthusiasm, and vitality of programs.

The team structure needs to be employed not only for the advisory committee, but also for all the stages of implementation and every program activity. Each specific individual program will progress through its own cycle, from appraisal to plan of action, to delivery and evaluation. The stages and guidelines given below can be used not only by the advisory committee when developing the comprehensive K-12 AODA program, but also by the committees responsible for implementing individual programs such as a Student Assistance Program (SAP), an Employee Assistance Program (EAP), or peer programs.

Stage One: Comprehensive Implementation Strategy

Stage one of the implementation process involves focusing energies on organizing efforts with the goal of consistent and planned progress toward effective and coordinated AODA program activities. This stage actually is a part of all stages and needs to be reconsidered at each step. The comprehensive implementation strategy, in order to increase program effectiveness, must at each step reflect a commitment to equity.

Establish Overall Implementation Plan

This step is a foundation for all other activities. It does not involve deciding on specific goals or activities, but rather it involves having a broad-based understanding that a districtwide AODA program needs to be

- Comprehensive – No single program can stand alone or can solve the problem of alcohol and other drug abuse, but it needs to be part of a coordinated, integrated structure. No matter what specific programs are selected for initial implementation, the ultimate goal of a school district needs to be a comprehensive K-12 AODA program, including various components such as a K-12 curriculum, an SAP, an EAP, and peer programs. An important component of this comprehensive structure is the dissemination of information throughout the entire implementation process, on appraisal, planning, delivery of services, and evaluation. This needs to be done to the widest possible audience on a regular basis.
- Integrated – Specific AODA programs need to integrated with each other as well as with the general academic areas, student services, and extracurricular programs. In addition, they need to be integrated with community services. (See Section 3 for further information on integration.)
- Coordinated – The intertwining and overlapping activities of AODA programs present unique and complex coordination needs. Coordination must occur on many grade levels and in many areas, including various buildings and the regular classroom curriculum. Staff, students, and parents must receive consistent messages regarding alcohol and other drug abuse throughout all program activities including classroom instruction, SAPs, peer programs, staff training, and EAPs.
- Long term – The committee needs to sustain the perspective of a multiyear timeline, since an ideal comprehensive program cannot be implemented in one semester or one year. Although, specific program activities need to be selected initially, there needs to be a vision of a districtwide, comprehensive program involving many components developed over time. The problem of alcohol and other drug abuse did not occur overnight and it will take a significant length of time to solve.

Establish Overall Timelines

Timelines set limits determining when the actual program strategies will be implemented. The time limit does not determine, however, when strategies will stop since once the process has begun, it is ongoing. The purpose of setting timelines is to avoid the temptation and possibility of continuing planning forever, thus postponing action and program delivery.

Timelines need to be set during all stages, including appraisal, planning, delivery and evaluation. It is helpful to make a calendar of events to use as a guide; although unexpected circumstances often occur when changes will have to be made.

The time required to complete each stage of a particular program will vary according to

- the type of program being implemented,
- the history of AODA programming in the district, and

• the characteristics and situational factors within the district or community (for example, a recent AODA-related crisis, cultural norms, and size of the district.)

It is typical for the implementation cycle to start for another specific program prior to completion of the cycle for a previous program. For example, the implementation process may begin one year for a middle and high school SAP, followed by an elementary AODA curriculum, followed by an elementary SAP. Even though all stages may not have been completed for one project, another may begin.

Allocate Roles and Responsibilities

Roles and responsibilities can be grouped together and assigned to a single individual or a group of individuals. Actually, there are few roles and responsibilities within an AODA program that are truly handled by one person. Most responsibilities are shared, promoting team cooperation and spirit. Roles are found in one of the three major categories below.

• Management roles belong to the leaders who generate direction and create resources. Administrators provide authority and official sanction as well as make decisions, allocate resources, and provide valuable support. This category also involves coordinators who organize the resources and efforts of various people. It links the AODA program with other programs in and out of school.

• Direct service roles provide the teaching, referring, case management, group facilitation, counseling, screening and other program activities. In peer programs these roles may be delegated to trained students.

• Support service roles make the direct services possible and include training, program promotion, public relations, appraisal, planning, evaluation, and general support.

"Unit teams" can be formed for individual components of the overall program, for example, an SAP team, an evaluation team, and a middle school team. These will depend on the size of the school district. In very small districts where K-12 occupy one building, a single team may be responsible for all functions, levels, and program strategies. Large districts may have multiple teams. The combinations are endless. There may be an SAP team for each building as well as a curriculum team for each grade level. Sometimes the AODA Advisory Committee is responsible for overall coordination and planning, while other teams and individuals handle specific program delivery. It is essential that each major function and program strategy is assigned to an individual or team. Coordination, integration, communication, and a supportive network is established as these teams overlap.

The AODA program coordinator is a role usually assigned to a single individual for which there are the following clear responsibilities:

• coordinate and integrate program implementation procedures;

• coordinate the development, operation, and integration of activities between all AODA program components, including curriculum, SAPs, peer programs, and other strategies;

• coordinate AODA program activities within the school district and between grade levels, buildings, professional fields, and administrators for consistency and integrity;

• serve as an internal consultant, keeping informed, communicating, and making recommendations regarding current materials, laws, grants, research, resources, and programs;

• serve as an internal liaison, working cooperatively and serving on district committees for programs related to student AODA efforts (for example, at risk, developmental guidance, peer programs, EAPs, academic programs and suicide prevention);

• serve as an external liaison, coordinating AODA program activities between the school district and various sectors of the community;

• assist in writing, reviewing, and/or updating AODA policies and procedures;

• coordinate program review and evaluation activities;

• ensure that there is a network to provide staff support; and

• provide ongoing system analysis.

Stage Two: Appraisal

The appraisal stage provides the foundation for the subsequent planning, delivery, and evaluation of programs. Information regarding existing conditions is gathered, interpreted, and disseminated with the purpose of establishing common ground and determining what needs to be done. The appraisal stage consists of systematic efforts to gain awareness and insights regarding

existing dynamics, conditions, and factors that determine the targets for program efforts.

Appraisal is sometimes referred to as "needs assessment," but assessing needs is only one part of appraisal. This stage is not meant to focus on problem areas alone but also to look at positive factors present, such as resources and programs already demonstrating their strengths. The appraisal stage can be an opportunity for all members of a community to confront the intricate complex of AODA issues and discover how to work with one another in a unified effort to improve local conditions.

The importance of a comprehensive appraisal effort is most clearly demonstrated by examining what happens when this stage is slighted. A weak appraisal will make later evaluations of the program, when writing grants for example, extremely difficult. If there is never any common awareness about what the problems are, what needs to be changed, and what degree of change would constitute success, then it will be nearly impossible to assess a program's effectiveness. The delivery stage also is affected by poor appraisal. For example, a reason for low referral rates to SAPs and EAPs is that the people involved—including staff, parents, and students—do not know, understand, or agree about the defined "problem." Planning relies on in-depth appraisal. The question, "What exactly needs to be changed?" needs to come before the question, "How can we create change?"

It is best to include a number of people in the appraisal process. Information is not merely gathered and collated, but it is discussed and interpreted, resulting in visions, common goals, and objectives. Factors such as beliefs, values, visions, and dreams, need to be sorted out. When done as a supportive team effort, these factors can sustain and fuel a program far beyond expectations.

Gather Information

Gathering information involves more than giving students a survey. It also involves observation and dialogue. At this step, the intent is on awareness rather than making judgments or decisions. Team members should consider three questions when designing overall appraisal strategies.

Who do we want information about?

The "target populations" about whom the team will need information fall into three categories.

Students. Gathering information on all grade levels and even looking at graduates will help planning, such as pinpointing the most critical ages for implementation.

Other youth. This includes dropouts and those in correctional institutions. If one of the aims of AODA programs is to retain youth in school, information about those outside the system is important.

Adults. This includes school staff, parents, and other community members. Even though the main target is the student population, an AODA program is only as effective as those adults involved directly or indirectly in its implementation. Furthermore, a comprehensive program also will target the adult population through EAPs, parent networks, and the community environment as a whole.

What kinds of information do we want?

It is important to carefully select the kinds of information to gather, since collecting, collating, and interpreting large amounts of information can stall a program's delivery. Too much information will hinder the process moving to the next stage. The following are categories from which to select information to gather.

Attitudes. This may include looking at cultural norms, ethnic groups, and religious orientations that deeply influence community and school district philosophy and actions. What value does alcohol and other drug use have in the community?

What has been done, what has happened. This may include not only such items as extent of use, accidents, and arrests for underage drinking or driving while intoxicated, but also what resources and services are available, both AODA-specific and those that may be related. What support groups are available in the school and community? What types of community activities include alcohol and other drug use? What programs are offered? What curriculums are in place? What funds are available? What programs are working in other areas? What is the research showing as effective?

Knowledge. This involves looking at what information has been retained as shown in tests. What

training has been provided and to whom? What knowledge of alcohol and other drugs, and what resources do parents have? Do the staff and community have knowledge of past efforts? Do the staff, community, and students know about resources in the school and community?

How will the information be gathered?

The tools for gathering information include surveys, interviews, tests, and review of records. When gathering information, the team should take care to protect the privacy of those providing information about their personal behavior and assurance that the data will not be used to identify personal problems. When creating data for comparison with an existing survey result, the team should pay special attention to wording, since slight differences can elicit very different responses.

Generate Visions

Sometimes the information gathered can be overwhelming. The material needs to be organized in a meaningful way, followed by open discussion to find the desires and ideals of the group. This is a time for members of the school and community to express their own personal visions and beliefs. It's also a good time to arrive at a cooperative understanding and a unified stance to confront AODA-related problems, utilizing resources already available and creating new ones where necessary.

There should be no limits set at this stage, leaving room for "blue sky ideals." These visions may not be measurable, but they will continue to provide the program with leadership, direction, and energy over years and through difficult times.

Identify Strengths and Determine Problems and Gaps

This step clarifies the discrepancy between what exists and what is hoped for as identified while generating visions. Problems usually are obvious, but this step goes beyond this realization to determining the degree of discrepancy and the degree of change needed. Gaps are those areas where there may not be a problem but where existing conditions may be far from what is desired.

It is equally important to determine strengths and resources. These strengths are the factors that programs will be built on, whether these strengths and resources are knowledgeable and caring people, existing programs, or funds available.

Establish Goals and Objectives

This step involves finding realistic targets to begin closing gaps and solving problems. This may involve the possibility of changing some current conditions as well as providing support for those already in the process of change. Although the visions are not abandoned, this step focuses on "narrowing down" the targets into manageable and measurable pieces. Members need to build on common ground rather than find absolute agreement. Formal, written goals and objectives not only ensure that they will be well-defined, but makes writing grant applications easier. The goals and objectives later will emerge into program planning, delivery, and evaluation.

Goals are broad, general statements of purpose that indicate the results expected from program activities. They describe conditions or characteristics to be altered in specific target areas. Goals emerge naturally out of the "visions" and problems identified and clarified earlier in the appraisal process. Goal statements themselves are not measurable, but provide the basis for devising objectives, which are measurable.

Objectives define the specific, observable, or measurable changes that will serve as indicators of goal accomplishment. These need to include the activity, what will be measured, what level of change is hoped for, and a timeline for this to occur. At this stage the focus is on the result expected, not on the means or effort needed to achieve it.

Disseminate Results

Interested parties should be informed of all steps in the appraisal, not just handed a report on goals and objectives. Data is more relevant when accompanied by information on how the data originated, how it corresponds to the school and community vision, where the gaps exist and what the realistic targets are for change. This information is appropriate for all who will likely be involved in

some way, directly or indirectly, in program delivery. It should be made available to, among others, school staff, administrators, and the community.

Stage Three: Plan of Action

The planning stage deals with exactly how to achieve the objectives, goals, and ultimately the visions that were devised in the appraisal stage. Basically, this is a process of determining which programs will be put into action as a response to specific goals and objectives, and in what sequence. Such decisions demand a firm sense of the entire AODA program focus, which can only come from a clear overall philosophy and policy.

Develop a Policy

If the appraisal stage has been addressed diligently, with a careful consideration of visions and goals and a wide range of input, the development of staff and student policy already has begun. To refine it, team members must consider that the "ideal policy package" is a composite of three elements, each with a distinct and important function.

Philosophy. This is a broad statement that expresses the values and beliefs underlying the entire cluster of AODA programs for students and staff. The philosophy should encompass the visions discussed in the appraisal stage and include the ideas of people from many sectors of the school and community. A clear positive statement of philosophy for staff and students can empower people and inspire individual and group effort.

Principles. These are the standards guiding how the efforts will proceed. More specific than the philosophy, principles embody the tenets of the philosophy and provide the direction of the entire program. They take the form of guidelines that assist in decisions about what action to take. They may involve the need for training, the need to improve self-esteem, the need for offering assistance in addition to punitive measures in instances of abuse, or the need to involve parents.

Procedures. These are even more specific, as they define specific courses of action, involving rules and expectations, and decisions regarding consequences of certain actions related to alcohol and other drugs. The statements usually take the form of "this is what this organization expects" and "this is what will happen if expectations are violated or not followed." A balanced AODA policy will not just tell people what is unacceptable, it also will clarify positive expectations and positive activities. Procedures involve actions such as search and seizure,what consequences will prevail for offenses related to alcohol and other drugs as well as training for staff, classroom instruction, prevention, intervention, referral, and support services.

After its initial development, a district AODA policy for the comprehensive K-12 AODA program should be periodically reviewed, revised, or expanded. Several general criteria should be considered.

- The policy should be expressed in clear, understandable language and should contain all three elements of philosophy, principles, and procedures.
- The policy must strive to reflect a balanced and broad scope orientation to AODA problems.
- There needs to be consistency between philosophy, principles, and procedures. For example, if a philosophy values the health, safety, and welfare of all students and staff, then the procedures should be consistent with this philosophy.
- The distinction between policy and actual program design should be maintained with the policy providing the basis for determining program activities. At the same time there should be a check for consistency between the two. Feedback from the actual operation of the programs may influence the revision of policy.
- The policy must be consistent with other areas of school policy and federal and state laws.

These are the steps to follow when developing policy for AODA programs.

- Provide a broad representation on the policy development team. This may be the AODA Advisory Committee or a separate unit team. At least some of these members need to have knowledge and awareness of AODA, including research and programs.
- Review critical information, including appraisal data, programs available, research, and other district policies.
- Prepare a policy draft with input from people who will be affected by it or responsible for carrying it out, including students, staff, parents and community members. It is important that policies from other districts are not merely duplicated, but only consulted for ideas.

- Submit the draft to the school board and district legal counsel for approval. This makes it necessary for school board members to become familiar with AODA issues, take a public stand, and make a commitment. It also prompts board members to provide support to staff members responsible for putting programs into action.
- Submit the approved policy to appropriate groups for their information and support. These are the same groups, including students, staff, and community members, that were tapped for input into the original draft.
- Develop a plan to propagate awareness of the policy content and responsibilities. The team should devise ways to systematically inform people new to the district. Annual awareness sessions also are needed to acquaint everyone to expansions and revisions.
- Coordinate the policy with program design to ensure the policy is actually put into practice. The written, formal, symbolic statements of a policy, though necessary, are not substitutes for practical programs and services.
- Develop a plan for ongoing monitoring, review, and revision of the policy. The process never ends. Feedback should begin as soon as the policy goes into effect with an official annual review planned.

See Appendixes A and B for forms on policy development and review.

Select Programs: Determine Priorities and Sequence

The ultimate goal of a comprehensive K-12 AODA program is to address all problems and attain all objectives, goals, and visions outlined in the appraisal stage. But a journey of a thousand miles begins with one step. Thus, an important function of the planning team is to set priorities and establish a sequence for every phase of program development. The criteria for selecting programs fall into three basic categories.

Importance according to ethical urgency, long-term impact, moral obligation, and other high-level concerns.

Appropriateness in relation to achieving goals and objectives, conforming with the school district's mission and purpose, and reaching the target populations of students, staff, and/or parents.

Feasibility in terms of the quantity and quality of human resources, financial resources, physical facilities, and school and community climate for acceptance and support.

The intensity of a problem is not enough to dictate priorities. Intervening in student drug use, for example, is of pressing urgency, but there may not be enough available staff at this time; whereas elementary classroom teachers are interested in being trained in an elementary AODA curriculum. Focusing on a program area with a good chance of initial success—tapping existing resources—may have a critical long term effect on survival of the comprehensive AODA program.

The planning team considers the appraisal results as well as the kinds of available programs, (outlined in Sections 4, 5, and 6) and responds to specific goals and objectives with specific program choices. These are then assigned priorities, and a sequence. There are different ways of looking at both direct and indirect outcomes. For example, a program may target

- student alcohol and other drug use directly and anticipate indirect, more general impacts on parental and community attitudes.
- parents' knowledge and skills directly and hope to have an indirect impact on student use.
- specific aspects of student alcohol and other drug use and indirectly improve negative behavior such as attendance, performance, drop-out rates, suicide attempts, and vandalism.

Establish Operational Structure for Programs

At this point the committee needs to go back to stage one and devise a comprehensive implementation strategy for the particular programs selected as priorities. This will involve establishing an overall plan, including looking at integration, coordination, and possible future expansion over a long term (see Stage One: Comprehensive Implementation Strategy).

Specific activities need to be decided upon. Sections 4, 5, and 6 of this resource guide can be helpful in this. Although it is usually not necessary to "reinvent the wheel," it is important to adapt a program to a particular school district. AODA programs have developed and evolved from people using them. There is much room for creativity, new ideas, and new initiatives. By this

adaptation, each school district takes ownership and a vital interest.

The team needs to decide the responsibilities involved, and these responsibilities need to be allocated. A budget must be drawn up and funds must be secured. New staff also may need to be hired at this point. As in other steps, it is important to gain input from people who will be affected or involved in the program, as well as others involved in other AODA program components.

Once the specific activities are decided upon and the roles and responsibilities allocated, those involved need to set realistic timelines for training, promotion, and program delivery. A brief calendar of events can be established. As stated earlier, this may need to be changed because of extenuating circumstances, but it will serve as a guide to keep the process moving toward delivery of the services and the establishment of the program as an ongoing school function integrated and coordinated with other functions and programs.

Devise Training Schedule and Initiate Training

Planners also should realize that training must be initiated early in the implementation process. Programs cannot be delivered until staff members are prepared. Furthermore, since training is an ongoing necessity for AODA programs, the team should map out a schedule for each program component. The sooner the training begins, the sooner the target populations will benefit. As stated earlier, it is beneficial for the AODA Advisory Committee to be trained before the implementation cycle in order for them to develop as a team and make knowledgeable decisions. Specific training needs of specific programs are discussed at the end of each program description in Sections 4, 5 and 6. The training outlined here is beneficial to staff in all types of AODA programs. Trainers may be school staff who have attended other training sessions or have expertise in AODA-related areas as well as professionals brought in by special arrangement. Staff also may attend various conferences, workshops, and training outside the district.

Project Director / Coordinator Training

Target population: coordinator (building and/or district), project director, program director, and administrator.

Content: management training; grant writing; ways to take care of oneself; stress management; interagency networking; budgeting; supervising; identifying program needs; knowledge of resources; coordination issues; policy development; current research and information; program review and evaluation; children-at-risk; developmental guidance; peer programs; Employee Assistance Programs; academic programs; suicide prevention; protective behaviors; networking; development and implementation of AODA classroom curriculum; systems analysis.

Inservice Training Sessions

Target population: all administrative, teaching, support staff, and community members (including parents).

Content: AODA awareness; sensitivity to AODA issues; cultural diversity; elements of a comprehensive K-12 AODA program; legal issues.

AODA Team Training

Target population: anyone involved in the development and implementation of the school's comprehensive K-12 AODA program.

Content: AODA basics; families affected by AODA; school programs; signs and symptoms; suicide; school-specific issues; curriculum; status of AODA programs; confidentiality; services provided; district referral procedures; children-at-risk; Employee Assistance Program; school climate; enabling; positive alternatives.

Advanced AODA Training

Target population: SAP team, pupil services staff, and advisory committee, and any staff members in need of additional training.

Content: more in-depth information and links to other issues; more broad-brush tactics; more skills training; specific implementation strategies.

Stage Four: Delivery

Once roles and responsibilities have been allocated, and the initial training has been accomplished, programs can be delivered to their intended target populations.

Promote the Program

Many key people already will have information related to the program since it is important to inform them throughout the planning process. However, at this point, information regarding the program needs to be disseminated to the school staff, students, parents, and the entire community. This can be done through presentations at faculty meetings, newsletters, newspapers, classroom presentations, inservices, and community presentations, depending on the particular program At all times, promotion methods must take into consideration the orientation and abilities of the target audience to be certain the information is delivered in an effective manner. This is an important step in gaining program participation and support.

Provide Direct Instruction/Service

If all the previous stages have been completed, the mechanics and tools will be in place for operation to begin. This can be an exciting but stressful time. Sometimes people involved will have difficulty taking this step and may feel not ready for or fearful of what may occur. This is where all the previous team building will be important; no one is in isolation, but each person is part of a network of support and responsibility. No amount of preparation and planning can foresee all the circumstances that may occur. There will be unexpected results, both positive and negative, exciting and frustrating. The need for team meetings is important at this time. It is important to remember that to some this may seem the beginning, but the program actually began with the first spark of an idea. This step is the culmination of people coming together and interacting.

Monitor Activities

In this step unit teams meet for ongoing support and review of program activities. It is important that the team looks at what is going well and what isn't, celebrates successes, and learns from what is not working. Again, the committee needs to look at the overall implementation plan and how the program is integrated and coordinated with other programs. They may need to review visions, goals and objectives, and policies. They need to look back at what they wanted to happen. Maybe services are not conforming to the plan of action. This may not mean that the services need to be changed but that the plan of action may need to be changed.

There is a great deal of learning from others involved in the program delivery, whether from those delivering the service or from those receiving the service. Group facilitators continue to learn from group participants. Peer facilitator program advisors learn from the peers involved and classroom teachers learn from their students as they deliver the materials. They have grown, they are more knowledgeable, and they know what needs to be done and how to do it.

Stage Five: Evaluation

Evaluation refers to the systematic endeavor to collect information about a program's effort, efficiency, and effectiveness. A composite evaluation of all programs and how they work under different conditions and with different target groups provides the AODA Advisory Committee with a basis for reordering priorities or resources.

Design Evaluation Procedures

If all stages of the implementation process have been addressed, evaluation will naturally emerge from the objectives and program delivery. At this point, the plan needs to be organized in a systematic approach considering what to measure, how to measure, and who will collect, analyze, and interpret the data. It is important to select evaluation strategies that are feasible and not too time-consuming.

Evaluation can be an integral part of the program delivery such as pre-tests and post-tests in curriculum programs, post-group interviews, and keeping ongoing records on numbers of students referred, referral source, and decisions made, as well as promotion activities. People involved in the delivery of services need to be involved in the evaluation plan since they will be the ones responsible for collecting the data. Again roles and responsibilities need to be determined, along with timelines for collection, pre-testing and post-testing, analysis, and interpretation. Help with evaluation, especially setting up plans, analysis, and interpretation, often can be obtained from universities, technical schools, and special businesses.

There are four important types of evaluation to be conducted.

Outcome Evaluation. This evaluation is designed to account for accomplishments and effectiveness in reaching stated program objectives. This entails a certain amount of traditional experimental design, using control or comparison groups as well as pre-testing and post-testing of the program's target population. The relative change and success in a program can be measured by using information gathered at the appraisal stage and comparing it with data acquired in program activities.

Process Evaluation. This evaluation is used to study the functioning of program implementation. Records of costs, staff time, and materials used should be kept. The types of activities conducted, including the number of participants or those receiving the services, also are recorded. The evaluation team then couples this quantitative data with the other evaluation data collected.

Efficiency Evaluation. This evaluation is a review of the processes designed to assess whether a program is using its resources most effectively. If minimal results are achieved from a huge expenditure of effort and funds, the program may need to be reorganized, revitalized, or repositioned in the priority sequence. On the other hand, if a program is successful in its effect and efficient in its use of resources, evaluators might recommend that it be enhanced or expanded, or perhaps used as a model for other programs.

Impact Evaluation. This evaluation is designed to examine the overall impact of a program related to its goal. This evaluation is more global than outcome evaluation. Measuring changes in the quality of health within a community is the focus of impact evaluation. In contrast to other forms of evaluation, which are directed at assessing a specific program, impact evaluation measures the generalized effects of alcohol and other drug programs of the community. Potential indicators of impact relevant to comprehensive AODA programs include changes at the community level in the prevalence and incidence of alcohol and other drug use, related mortality, rates of juvenile delinquency, AODA-related accident rates, or changes in institutional programs and policies.

Gather, Analyze, and Interpret the Data

Data may be collected throughout the delivery of a program. Surveys that had been given in the appraisal stage may be repeated. Records of attendance, grade points, and disciplinary measures also may be gathered at the end of the school year. It may be important to gather data by race, sex, and disability to determine if current efforts require modification for various populations. It is important to respect confidentiality when gathering data.

Analysis and interpretation together form an important step and may involve statistical interpretation as well as dialogue regarding the observations of the people delivering the program. The program leaders should identify what group activities worked best, what strategies seemed to encourage parental involvement, what was the class's response to a certain curriculum, and how staff responded to an EAP program. Data can come from discussions in the staff lounge, students in class discussions, personal interviews and observations.

Analysis may require knowledge of statistics and the ability to translate raw data into clear and meaningful narrative. What is important is that the people involved take some time to review the results and discuss their own feelings, concerns, and hopes for the future. Many programs have continued and have been expanded from results that cannot be put down on paper—a more comfortable school climate and more enthusiastic students attending school activities. These are valuable observations and should be included in any interpretation.

It is important for the coordinator to write a meaningful summary of the results and present this to the school board, school staff, and other interested parties such as parent groups or community groups.

Use Results to Continue Implementation

Evaluation is the process of assessing whether or not the program is accomplishing what it set out to achieve. It is a tool for making informed decisions as well as for identifying and solving problems. Another function is to provide facts to

appropriate decision makers. Individual evaluation types provide specific types of information.

Outcome evaluation provides accountability and justification. It allows for factual responses to inquiries about the program's effectiveness, and a properly conducted evaluation should provide evidence supporting the existing program.

Process evaluation provides a way to determine program costs. Documenting and monitoring costs helps planning and budget development, especially when writing grant applications.

Efficiency evaluation provides a look at resource utilization. It provides data that indicates whether efforts are productive.

Impact evaluation provides help with program expansion. It substantiates successful models, helps sell models in new settings, and assists in replication efforts. It also provides informed decision making and problem solving.

At this point, decisions are made as to further implementation, and the cycle continues. However, most important, successes need to be celebrated and people recognized for their efforts. New people may become involved and they may need training and information. New programs are begun while the ones previously implemented are revised, revitalized, enhanced, or maintained.

Information generated from evaluation is "recycled" to review or revise the comprehensive implementation strategy (Stage One). This is what makes implementation a continuing process.

Integration 3

The Importance of Integration

Since alcohol and other drug abuse (AODA) affects every segment of society, any attempt at solutions must be all-encompassing, reaching into all areas of the population. And because alcohol and other drugs pose such a formidable set of dangerous and powerful influences, the only chance of success in the face of them is a unified effort.

The term integration refers to the process of forming into a complete or perfect whole, and that is exactly what is needed. A comprehensive AODA program must integrate, or unify, as many members of the local community as possible. This involves not only individuals but also the multitude of programs, agencies, and services already engaged, directly or indirectly, in the battle against alcohol and other drug abuse. School districts, working in concert with community resources, can develop programs that significantly improve the quality of life for every student in the system. Furthermore, with the insistent force of the "ripple" effect, everyone in the community benefits.

It is important for planners to realize that the goal of integration is greater effectiveness. By overlapping memberships and consolidating committee efforts, tasks get done more quickly and efficiently. For example, integrating helps avoid the situation where several staff members on separate yet related committees unwittingly prepare the same report.

Local conditions vary from one school district to another. Certain problems are more serious than others, and available resources form different patterns of possibilities. Therefore, this section of the guide is meant to serve as a suggested outline of various levels and strategies of integration.

Levels and Strategies of Integration

AODA program staff should consider at least three levels of integration: (1) among each individual component of the comprehensive K-12 AODA program; (2) with all the various programs in the school building and district; and (3) with the local and state community in its many facets. Each will be dealt with separately, along with suggestions for integrative strategies. See Figure 3.

Among AODA Programs

This is the most basic level, and anyone who has worked with several people on a project knows the importance not only of delegating responsibilities but also of eventually *coordinating* every individual effort into a final, single, integrated whole. Any comprehensive K-12 AODA program will be comprised of a cluster of programs. Each program within this cluster needs to be working toward the objectives, goals, and visions agreed upon by the AODA Advisory Committee, which is responsible for implementation and, in most cases, policy (see Section 2). Furthermore, each program will con-

tain components—activities, services, people, and so forth—that need to be integrated according to a specific design and purpose. Ideas for achieving this can be garnered from Sections 4, 5, and 6, where descriptions of the individual programs and their interrelations among one another are provided.

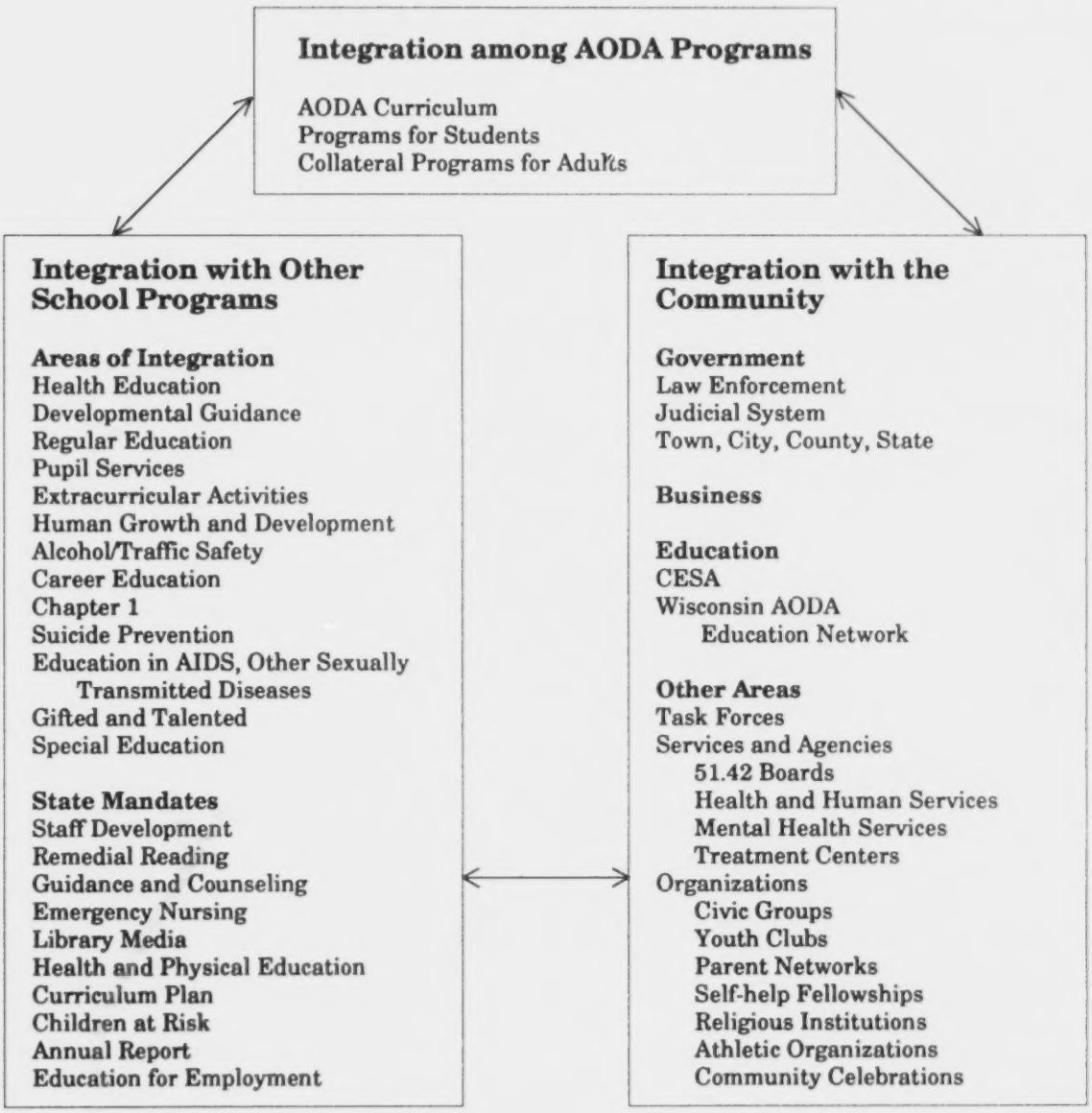
With Other School Programs

Areas of Integration

AODA staff should give top priority to five areas as they examine the options for integrating AODA programs with other school programs.

Figure 3

Comprehensive K-12 AODA Program Integration



Health Education. If a solid, comprehensive health education program is already in place, it can form the basis of effective AODA education. Thus, curriculum planners should examine what already exists before adding AODA education components. *A Guide to Curriculum Planning in Health Education,* published by the Wisconsin Department of Public Instruction, identifies 10 major content areas as basic components of a comprehensive health education program: accident prevention and safety, community health, consumer health, environmental health, family life education, mental and emotional health, nutrition, personal health, prevention and control of disease, and substance use and abuse. Under each content area are listed grade-level objectives (that is, learner outcomes or expectations) in terms of knowledge, attitudes, and skills—all of which are important for balanced intellectual, social, emotional, and physical growth and development.

Many of these objectives can be cross-referenced with those listed under the four competencies—information, personal, interpersonal, and social system—that are basic to the curriculum component of a comprehensive K-12 AODA program (see Section 4). Some of the objectives are the same for both health and AODA education; others are related. Curriculum planners should realize, however, that some health education curriculums do not provide enough AODA content to allow students to confront AODA problems effectively. Still, the integrative possibilities between health education and AODA education are enormous and essential.

Developmental Guidance. The Wisconsin Developmental Guidance Model (WDGM), outlined in *School Counseling Programs: A Resource and Planning Guide* (Wisconsin DPI), represents an effort to foster excellence in three major guidance and counseling content areas: learning/educational, personal/social, and career/vocational. Specific, grade-level objectives—including knowledge, attitudes, and skills—are listed under each area and are intended to help students deal effectively with problems related to self, family, society, and career. As with health education AODA education competencies can be cross-referenced with these developmental guidance objectives—an integration tactic that improves the efficacy of both programs.

Regular Education. Regular education classes provide unlimited potential for incorporating information on alcohol and other drugs, without losing what is called "subject area time." Districts that use an interdisciplinary approach can present AODA information as a subject that permeates everyone's lives, not as an isolated topic that can be covered in an hour or in a special study. Teachers from a variety of disciplines can knowledgeably teach AODA information that is related to their particular subject area. It is doubtful one teacher or one subject area could offer the same degree of coverage. Students benefit by the variety of teaching techniques and styles of presentations. Also, the effectiveness of the entire curriculum program is not completely dependent on one staff member, who may have some specific biases, may lack certain skills, or may simply retire or move away from the district. Furthermore, an approach that involves all or most of the staff uses teacher time more efficiently: each teacher need only devote a small percentage of time to AODA-specific information, which sidesteps the problem that occurs when large time restraints are placed on one person or subject area.

Teachers should be encouraged to discover and invent new and interesting ways to incorporate AODA issues into their subject area. The following is only intended to be a suggestive sampling of ideas for such integration.

- Political science: tax revenue state and federal governments derive from the sale of alcoholic beverages; income of restaurants and bars from the sale of alcohol; the impact on the job market of raising the legal drinking age; the power of special-interest lobbying groups
- English: the role of alcohol and other drugs in literature and in famous authors' lives
- Physical education: impairment of athletic performance due to the use of alcohol and other drugs; the lure of drugs that seem to promise increased physical prowess
- Mathematics: figuring out the percentage of alcohol in various products, or the increase in insurance rates due to a citation for operating a motor vehicle while intoxicated (OWI)
- Family living: fetal alcohol syndrome; the effects of chemical dependency on family structures; Children of Alcoholics (COA); information about addictions and available self-help groups such as Alcoholics Anonymous, Alanon, Emotions Anonymous, Overeaters Anonymous

Pupil Services. The pupil services staff includes school counselors, school nurses, school psychologists, social workers, and administrators. These

people often are responsible for making decisions about giving students assistance outside of classroom instruction, and they are invaluable to a comprehensive K-12 AODA program. If at all possible, pupil services staff should serve on the AODA Advisory Committee. These staff members offer a wide variety of expertise and resources, including specific knowledge and training in AODA issues as well as interpersonal skills that are vital when working with parents and children. Many have flexible schedules and are members of other committees, such as the district Job Training Partnership Act (JTPA), Education for Employment, Children At Risk, Suicide Prevention, and Human Growth and Development. They deal on a daily basis with students who have special needs, who have difficulty fitting into the mainstream, who are unable to cope with stressful situations, who are lacking in basic socialization skills, or who are experiencing difficulty because of their own or another's use of alcohol or other drugs.

Obviously, an effective AODA program should be integrated with such a broad base of knowledge and experience, especially since the administrators on a pupil services team often are already engaged in creating strong links between students and parents and between the school and the community.

Extracurricular Activities. A school with a comprehensive K-12 AODA program also must have clear, concise, fair, and consistent policies that provide support and assistance as well as encourage the development of positive self-esteem. The same applies to extracurricular codes. All coaches and advisors of teams—athletic, forensic, music, civic—must know and follow similar procedures in order to complement and strengthen existing AODA efforts. Activity leaders, both adult and student, are responsible for avoiding the blatant or subtle promoting or condoning of alcohol and other drug use. A supportive environment for those students who elect not to use alcohol or drugs fits well with the objectives of any extracurricular program, which also should provide clear messages about the unacceptability of using alcohol and other drugs, the consequences of using alcohol and other drugs, and the various forms of assistance available.

Other Areas of Integration. Many other school programs should be considered as additional opportunities for integration, both among each other and with the community at large. Use and abuse of alcohol and other drugs are directly related to some of these, often causally. But since AODA programs also are concerned with instilling *positive* skills, such as decision making, building self-esteem, expressing feelings, and so forth, there are many integrative possibilities that are more indirect. Planners should examine the list below in light of the programs in their own districts.

- Human growth and development
- Alcohol/traffic safety programs
- Career education
- Chapter 1 services
- Suicide prevention
- Education in AIDS and other sexually transmitted diseases (STDs)
- Gifted and talented programs
- Special education

Integration through State Mandates

Although the majority of administrators and other school personnel support AODA programs, these people still have to wrestle with the dilemma of having too much information to give out in too little time. Listed below are suggestions on how to achieve integration between specific state mandates, outlined in the Wisconsin Statutes, Section 121.02(1), and the needs of a comprehensive K-12 AODA program.

Staff Development. The requirement that school staff receive ongoing training presents an opportunity for the district to work with local universities and colleges that provide instruction in AODA issues, including basic information, Student Assistance Programs, group facilitation skills, and curriculum. Staff may earn Educational Clock Hours (ECH) or graduate credit, and the needs of an AODA program also are met.

Remedial Reading. Districts are required to have certified personnel identify and diagnose underachievers (K-3) in reading and provide services to remove these deficiencies. Schools with cross-age peer educator programs may well train and use these peer educators, under the direction of a certified teacher, as part of the remedial action.

Guidance and Counseling Services. Since personnel in this area receive training in identifying and assisting students with AODA problems, here is an excellent opportunity for cooperation in a team effort toward a common goal.

Emergency Nursing Services. The expertise of a medical professional is invaluable not only in terms of direct medical care but as a resource for information and instruction of staff and students in AODA concerns, self-care, safety, using medicines, health and wellness, personal responsibility, and so forth.

Library Media Services. Appropriate members of an AODA program staff can assist library media specialists in choosing suitable texts and informational or instructional materials relating to alcohol and other drugs for both students and staff. Informed input would ensure the selection of up-to-date materials that meet the district's curriculum needs and advance its short- and long-term plans.

Health and Physical Education. Again, this mandate offers direct opportunities for integration with an AODA program, since health instruction includes such topics as controlled substances, alcohol, tobacco, and mental health. But a comprehensive AODA strategy extends beyond simply "not being sick" and embraces wellness as a goal. Thus, AODA staff can work hand in hand with health and physical education staff to create an environment that fosters well-being, self-esteem, and a spirit of cooperation by promoting good health habits, exercise, desirable attitudes and behaviors, life skills, and activities as alternatives to alcohol and other drug use.

Curriculum Plan. The "evaluation method" prescribed by this statute is an excellent opportunity for districts to assess, in terms of AODA concerns, the curriculum areas listed: language arts, mathematics, social studies, science, health, computer literacy, environmental education, vocational education, physical education, art, and music. The district may decide to incorporate AODA instruction as part of an interdisciplinary approach. Moreover, schools in Wisconsin currently are involved in the Drug-Free Schools and Community Act of 1986, which calls for the implementation of mandatory comprehensive K-12 AODA instruction. The opportunities for integration among the committees involved are considerable.

Children at Risk. Many students experience problems that seriously interfere with their education, and many of these problems are related to AODA issues. Direct or indirect contact with use, abuse, or addiction of alcohol or other drugs can manifest itself in poor attendance, low grades, and low levels of preparation for employment, as well as in self-defeating attitudes and inappropriate behaviors. Section 118.153 of the statutes defines "children at risk" and requires that schools identify these students and develop a plan of action.

Districts that have a comprehensive K-12 AODA program, including an active Student Assistance Program (SAP), already will have many options available to them to deal with those students determined to be at risk. In fact, an SAP can very well be the mechanism that identifies these youth, since teachers, administrators, parents, and students are trained to identify behaviors that interfere with the learning process. This involvement of people beyond pupil services means that students often receive assistance before the behavior or attitude results in severe consequences. Available options include remedial instruction with the assistance of the peer programs; support groups; referral services by team members to outside agencies; and parent support and information groups. If the at-risk coordinator is also a member of the AODA Advisory Committee or the SAP team, possibilities for integration are even greater.

Annual Performance Disclosure Report. School districts must provide the public with clear statements that identify objectives and goals based on program curriculums. This provides districts with a fine opportunity to share with parents and community members the policy and procedures of the AODA program.

Education for Employment. As with an AODA program, Education for Employment cannot function in isolation. Both need the input and support of the local business community. Since alcohol and other drugs cause serious losses in productivity, conditions are ripe for integration between the two programs. For example, instructors can easily direct students to consider the consequences of alcohol and other drug use in terms of job safety, dependability, and responsibility. Discussions about operating a motor vehicle while intoxicated can go beyond the topics of increased insurance rates and inconvenience to include the loss of job and income. Since the ability to earn money is an important value for many students, tying that aspect into the AODA curriculum may well influence students not reached by other strategies.

With the Community

Several sectors of the local and state community should be considered when planning a comprehensive AODA program, each of which represents a new cluster of opportunities for integration.

Government

The power to change and enforce laws, to generate revenue, and to make policy rests with government agencies; thus they can be potent allies in the quest for broad-based solutions to AODA-related problems, especially when approached in a spirit of cooperation.

Law Enforcement. Police officers, who come in direct contact with students, can be effective referral sources for a Student Assistance Program. If law enforcement can be convinced of the validity of the program, it can play a very positive role, one that recognizes the importance of coupling appropriate punishment with genuine, long-term assistance.

Some police departments offer programs that send police officers into the classroom to generate goodwill and educate the students on the dangers of alcohol, tobacco, and other drugs. One such program is D.A.R.E. (Drug Abuse Resistance Education), developed in 1983 as a cooperative effort of the Los Angeles Police Department and the Los Angeles Unified School District. D.A.R.E. sends uniformed law enforcement officers into the classroom to teach a formal curriculum that focuses on four major areas: accurate information on alcohol, tobacco, and other drugs; decision-making skills; resisting peer pressure; and alternatives to drug use. The program specifically targets fifth and sixth graders in order to prepare them for entering junior high and high school where they are most likely to encounter pressures to use. D.A.R.E. has been implemented in 46 states (including Wisconsin), the Department of Defense Dependent Schools, American Samoa, Australia, New Zealand, and Canada, reaching millions of students.

Judicial System. This is another area of great potential for active involvement in an AODA program. Courts have the power to make findings that a child is in need of alcohol or other drug abuse treatment or education, and order a child to enter into an AODA treatment or education program approved by the court.

Town, City, County, and State Governments. When schools are implementing a comprehensive K-12 AODA program, all levels of government should be informed of its existence and encouraged to become involved. Legislative bodies can be urged to create positive laws and public policies that recognize the value of prevention, intervention, and recovery. City governments can be asked to sponsor an AODA awareness week or month. Many new avenues of funding (for example the United Way) can be made available by procuring the sanction of the town or city council.

Business

Local businesses and business organizations often are strong supporters of AODA programs, both financially and philosophically. Some even have national affiliations that can provide relevant resource materials and help sponsor drug awareness programs.

Education

School districts should try to coordinate AODA efforts with other educational institutions, including local colleges, universities, and vocational/technical schools. All of these can be resources for AODA information, specific training, and course instruction (both credit and noncredit). Some may even offer cross-age educator programs where college students teach middle or high school students.

CESA. Cooperative Educational Service Agencies (CESAs) serve educational needs in all areas of Wisconsin by enabling school districts to communicate with each other and with the DPI. Because they work on a regional cooperative basis, CESAs economically and efficiently can provide a multitude of programs and services to school districts and other educational agencies that might not otherwise feasibly obtain them. Such services include

- curriculum development assistance,
- school district management development,
- vocational and exceptional educational development,
- research,
- data collection, processing, and dissemination,
- human growth and development, and
- inservice program development.

CESAs provide the specific programs that school districts identify as priority needs, and often a number of schools can jointly share the services.

Wisconsin AODA Education Network. State Superintendent Herbert J. Grover, with the direction of the Wisconsin State Superintendent's AODA Advisory Council, has provided the leadership necessary to establish 12 AODA Partnership Councils each led by an AODA network facilitator located in each of the 12 regional CESAs. Each county in Wisconsin has formed a council that focuses action in order to help students and families who need coordinated services from a variety of governmental and community agencies. These county partnerships make up the Wisconsin AODA Education Network, which offers the opportunity for local input into state-level decisions and optimizes coordination, support, training, and sharing of AODA resources among specific groups, such as AODA district coordinators or peer helper program advisors.

Clearly, the partnership councils can contribute immensely to the development of local comprehensive K-12 AODA programs, since it improves communication and cooperation among all members, encourages community support and ownership, enhances assistance from other community agencies, provides a local representative to look after specific concerns in the local area, and conducts regional needs assessments.

Other Areas of Integration

Task Forces. Some communities—towns, cities, neighborhoods, and so forth—already have an AODA task force or advisory council that attempts to bring together many different segments of the community, including schools, parents, law enforcement, medical personnel, and agencies. They go through a similar process of program implementation as described in Section 2 and promote awareness of AODA issues, develop resources, create linkages between people in the school and community, and seek ways to change social norms and policies.

The principle behind task forces is that a group can exert more force on a problem than can separate individuals with similar concerns, thus providing strength and a safe umbrella for many people from various professions with various resources.

Among the activities a community task force can be involved in are

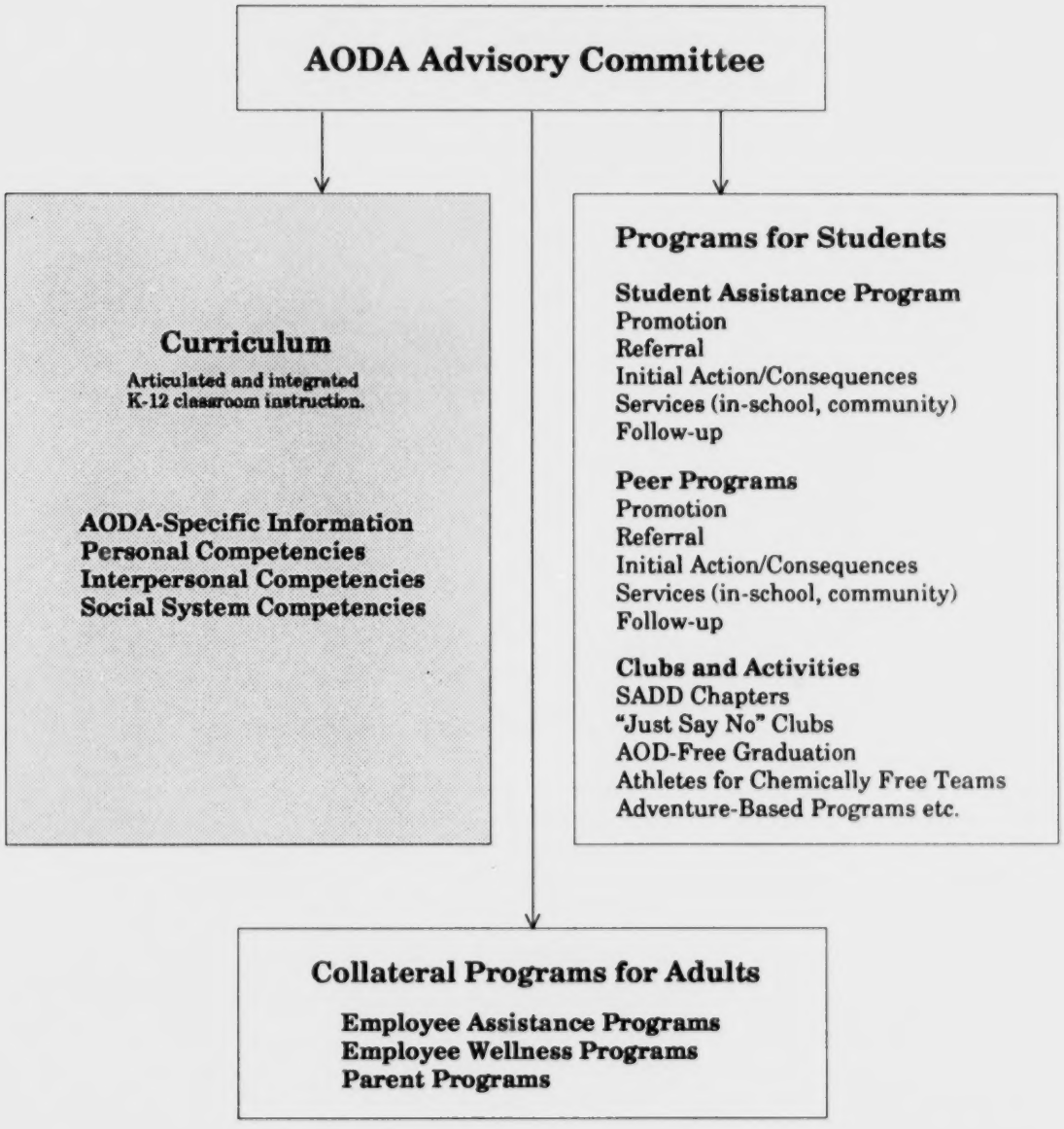
- sponsoring AODA seminars and workshops,
- publishing community newsletters,
- supporting school policies and curriculums,
- creating and manning hotlines,
- making lists of the telephone numbers of helping resources available to the community,
- sponsoring lock-ins for young people,
- supporting legislation, and
- promoting positive community norms for alcohol use.

Obviously, the school's AODA programs would do well to integrate their efforts with such a valuable community resource.

Services and Agencies. There are a multitude of professional services available in most local communities. Some of these, mandated by the state, are offered to residents on a sliding fee scale and address such issues as mental health and developmental disabilities as well as alcohol and other drugs (51.42 boards and human services fall into this category). Other services include private health agencies and treatment centers operating as businesses. All can be valuable resources for referrals and source materials. They also can provide skilled and knowledgeable speakers for inservice training, classroom presentations, and parent groups.

Organizations. Many other organizations in a community rely on volunteer participation and often are specifically tailored to local needs and conditions: civic groups, youth clubs, parent networks and support groups, self-help fellowships, religious institutions, community athletic organizations, culturally specific community groups, and committees that sponsor community celebrations. All of these can be valuable sources of energetic commitment and participation as well as knowledge, skills, and ideas.

Curriculum: A Brief Synopsis



As stated earlier, this guide focuses on alcohol and other drug abuse (AODA) programs that can be implemented outside the classroom. However, the importance of in-class AODA curriculum as a component of a comprehensive K-12 AODA program cannot be overemphasized. The programs described in Sections 5 and 6 must work hand-in-hand with AODA curriculum, which is only briefly summarized in this section.

Background

The approach to AODA education has gone through several phases during the past few decades. At one time, most schools simply followed the information model of education. Students were given the facts on various drugs, often coupled with scare tactics, and this was thought to be adequate. But information alone did not prevent alcohol and other drug abuse and related problems.

This led to a second phase when the focus shifted from the drug to the person. The principles of effective education were applied to AODA education based on the theory that improving people's personal growth and self-esteem would make them less likely to abuse alcohol or other drugs. Schools tried such strategies as values clarification and taught "life skills," including stress management, problem solving, and decision making. But again, effective education had little effect on alcohol and other drug use, perhaps because AODA information often was completely omitted.

A third phase, however, combined the two previous models and *still* remained largely ineffective, at least in its early stages. Recent programs are far more promising. They combine the positive attributes of the information and effective models but emphasize the *social* influences on alcohol and other drug use. Students are taught social skills that maximize health-promoting influences and minimize influences that lead to AODA-related problems. Specifically, these skills include the ability to be assertive, to resist peer pressure, and to identify and withstand mass media pressures to use alcohol and other drugs. Apparently, these programs, focusing on social competencies, have been somewhat successful in preventing alcohol and other drug abuse.

The Wisconsin Model for a Comprehensive K-12 AODA Program includes an AODA education component that follows the recommendations of some of the most recent research and combines elements of all three of the previous models. Moreover, because of the importance and wide range of the social competencies, the Wisconsin Model divides them into two categories: interpersonal competencies and social systems competencies. This reflects the growing awareness among educators and researchers that, in addition to the influences of peers and family, the influences of large groups, community norms, mass media, and social networks are important considerations. Both levels of social influence appear critical in preventing AODA problems.

The Four Competencies of the Wisconsin Model

AODA Information

This includes the facts and concepts people need to understand alcohol and other drugs and their relation to mental, emotional, and physical health and well-being. These are examples of AODA information that should be learned.

- Use of medicines
- AODA types and effects (medicines, alcohol, tobacco, other illicit drugs, steroids, inhalants)
- AODA continuum of use (nonuse/use/misuse/abuse/chemical dependency)
- Reasons for alcohol and other drug use or nonuse
- Risk factors and risk-reduction/protection strategies for AODA-related problems
- Family effects of alcohol and other drug abuse and dependency
- Sources of help for AODA questions and problems
- Alcohol and other drug regulations (rules, laws, codes), consequences, and enforcement systems

Personal AODA Competencies

In order for people to be competent in assessing themselves in relation to alcohol and other drugs, they need the knowledge and skills listed below and, in combination with accurate AODA information, the ability to apply such skills to AODA-related situations.

- Self-awareness
- Decision-making and goal-setting
- Risk assessment

- Problem solving and stress management
- Critical thinking skills
- Respect for cultural differences

Interpersonal AODA Competencies

These competencies, essential in developing respect for self and for others, include the knowledge and skills people need to assess themselves in relation to others. They not only need the competencies listed below but also need the ability to apply such skills in AODA-related social situations, in combination with accurate AODA information.

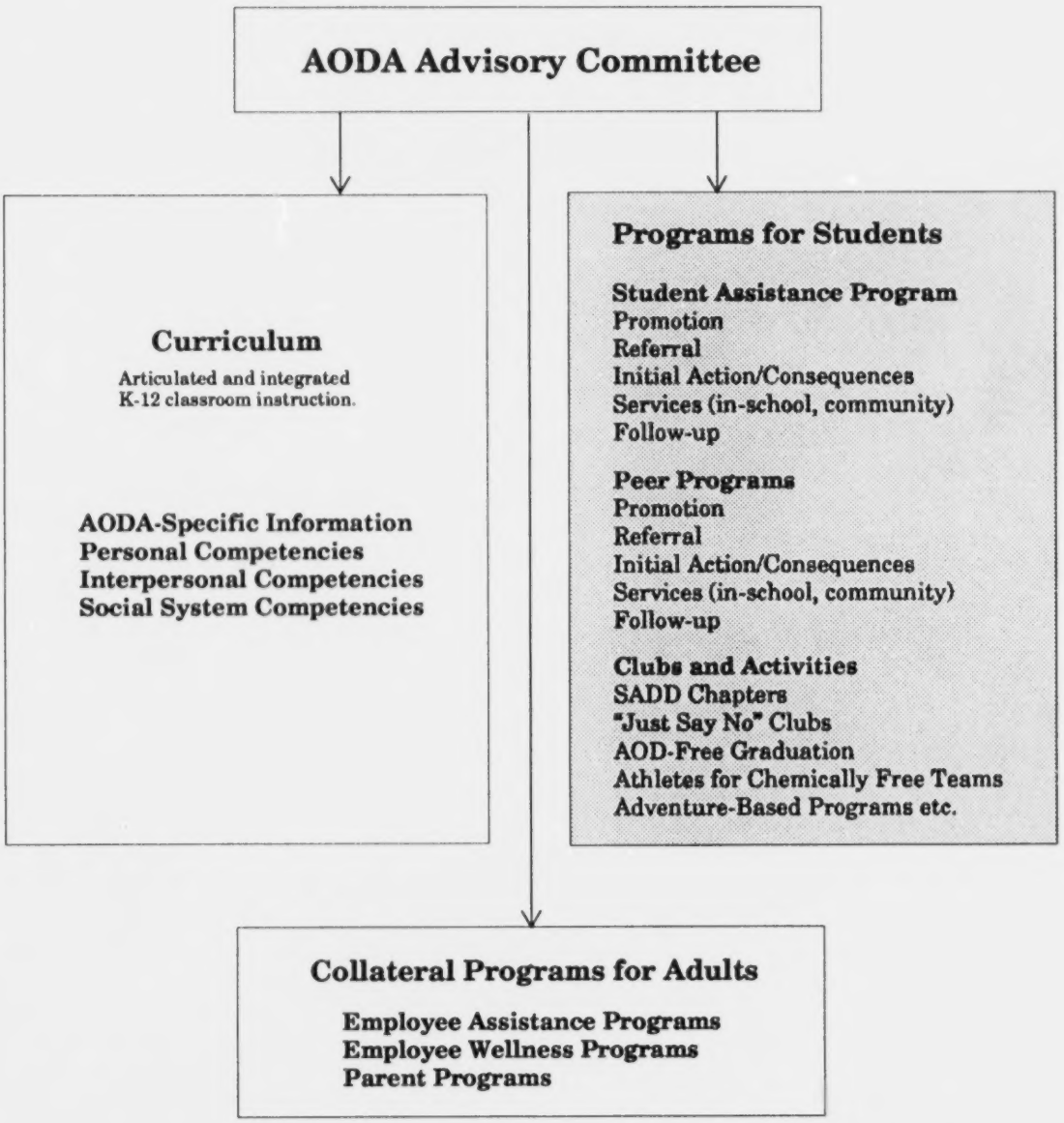
- Communication skills
- Assertiveness and refusal skills
- Conflict resolution and management skills
- Relationship skills among family members and friends
- Social influence skills within family, social, and work settings
- Prejudice-reduction skills

Social Systems AODA Competencies

These competencies include the knowledge and skills people need to assess themselves, according to AODA concerns, in relation to the social systems within which they operate. The term social systems refers to broader social groups than immediate peers and family, for example, the school system, ethnic and cultural groups, the community, and society in general. Important aspects of these systems include group and local norms, ethnic and cultural norms, public policy, and enforcement and consequences of the law. Examples of social systems AODA competencies include those listed below and, in combination with accurate AODA information, the expertise to relate such competencies to AODA-related societal issues.

- Media influences related to alcohol and other drugs
- AODA and related health systems
- Regulatory and leadership systems related to alcohol and other drugs
- Social systems influences of group identification (culture, gender, age) on AODA issues

Programs for Students 5



The Wisconsin Model for a Comprehensive K-12 AODA Program recognizes that alcohol and other drug-related problems are exceptionally complex, far-reaching, and interrelated. There are no easy or simple solutions. Furthermore, each local community has its own unique configuration of problems and resources. It would be impossible to prescribe the "best" approach for every school system. The model presents what may seem like a vast configuration of interconnected components; however, its purpose is not to intimidate schools by showing them their inadequacies but to show them the many options available for positive impact on AODA-related problems.

School and community leaders can use the model as a kind of map, picturing the "blue sky ideal" AODA program. But it is up to them to design their own step-by-step plan for the gradual implementation of various AODA programs, one at a time if necessary, according to the needs and resources of their local community. As with all maps, several routes can lead to the same destination, and some routes are more appropriate than others for different travelers or modes of transportation. The following pages offer possible "routes"—programs that can be implemented in various stages and combinations, ultimately working together synergistically in a comprehensive, consolidated effort to curb AODA problems.

Student Assistance Program (SAP)

A good Student Assistance Program is an essential component of a comprehensive K-12 AODA program. The term Student Assistance Program originally referred to a specific program in alcohol and other drug abuse, but recently it has become more generalized in usage and often refers to various aspects of prevention and intervention. Sometimes a Student Assistance Program consists only of a narrow strategy (individual counseling) or a single procedure (referring students to treatment when state laws allow), or a specific service (a concerned persons group). Some practitioners would see these as misuses of the term. Furthermore, people might be misled into thinking that a school has a complete AODA program simply because it has a Student Assistance Program in place. This may not always be the case.

Aside from these misuses of the term, at least three broad models for SAPs have emerged across the country: the service agency model, the drug counselor model, and the team model. To some extent they actually represent different approaches to student problems. In other cases they merely represent differences of emphasis. The drug counselor model and the service agency model may pose many legal questions in Wisconsin and are not dealt with in this guide. The Wisconsin Model for a Comprehensive AODA Program promotes and encourages a team approach in the development of SAPs.

The team approach relies on the identification and training of key school staff at the building level, each of whom, by virtue of his or her role in the school, performs a vital function in managing students with AODA-related problems. Building administrators and pupil services staff typically constitute mandatory members of the team; they are complemented by interested teachers, nurses, coaches, and so forth. Students are identified to the SAP team, whose members are then responsible for providing appropriate screening, referral, support, and case management. Formal assessment, therapy, and treatment take place outside the school setting, and the team is responsible for identifying, evaluating, and developing working relationships with these community-based services.

SAP teams can exist at each educational level—elementary, middle, and high school—and sometimes in each building, operating with some measure of autonomy within a districtwide program. The teams or their representatives from each building make up a districtwide SAP team, which is responsible for designing, implementing, operating, and maintaining the *district's* Student Assistance Program. Members of the teams typically receive extensive training in AODA issues, including basic concepts and skills as well as specialized ones, such as working with various target populations—children of alcoholics, school-aged parents—and leading support groups.

The Wisconsin Model

The Wisconsin Model is founded on the team principle as the most efficient and effective way of using human resources, but it also attempts to arrive at a synthesis of the advantages of all three models, while avoiding or minimizing their re-

spective pitfalls. In summary, the Wisconsin Model for a Student Assistance Program tries to incorporate the expertise of the drug counselor model, the working relationships and networking potential of the service agency model, and the ownership, comprehensiveness, and breadth of awareness of the team model utilizing a team approach.

The Wisconsin Model recognizes that many SAP activities—particularly *groups*, the mainstay of the program—are attractive to a broad range of students, *not* simply those experiencing difficulties, AODA-related or otherwise. In fact, the main purpose of groups is *education*. Groups often focus on enhancing personal growth, increasing self-esteem, developing interpersonal relationships, and other positive activities that everyone can enjoy.

Operation, Procedures, and Structure

A good Student Assistance Program, according to the Wisconsin Model, involves five basic components as shown in Figure 4. Each component performs a specific function while maintaining important interrelationships with the other components of the program and the school environment. They are described in a logical order of steps from the first to the fifth, but once the process of an SAP has begun, they all must continue to be ongoing parts of a program that involves the entire school and not simply the SAP team. Integral, ongoing parts are policy development and review, awareness, and training. Most important, the program involves communication, team work, ongoing education, and respect for confidentiality.

The following pages describe procedures involved in the operation of each component. School and community resources have to be interrelated and work in a collaborative way. This will vary in each community depending on size, characteristics, resources available, and individuals involved. However, the school cannot work alone and must take advantage of the entire community, as the shaded areas in Figure 4 indicate.

Promotion

In other program models, promotion is considered an initial step in getting a program started; in a Student Assistance Program, however, it is an integral part of the on-going operation and requires the support of the community, school board, administration, faculty, staff, and even students. Unlike a curriculum program with a "captive audience," an SAP cannot operate without widespread awareness of its existence and purpose. Indeed, if there is no awareness, there is no program.

Awareness presentations are one way of promoting an SAP. All awareness presentations should be conducted with a strong sense of who is being targeted at the time—students, staff, parents, or the community at large. Nevertheless, the basic content of these presentations will be similar. Some of the information should focus on alcohol and other drug problems in general. Everyone should be made aware of the scope of the problem (see Introduction in Section 1), including, if possible, hard statistics on a local level that show the effects on work performance (grades), attendance, and behavior. Also important are "AODA basics:" the signs and symptoms to watch for, including warning signals that could indicate use or abuse; dysfunctional family dynamics and how they result from AODA-related problems; and issues of enabling (by students, staff, parents, and community). Presenters should advise people not to gossip about those with AODA problems, not to label them as "alcoholics" or "chemically dependent," and not to malign or penalize students who must leave the classroom for individual or group SAP activities.

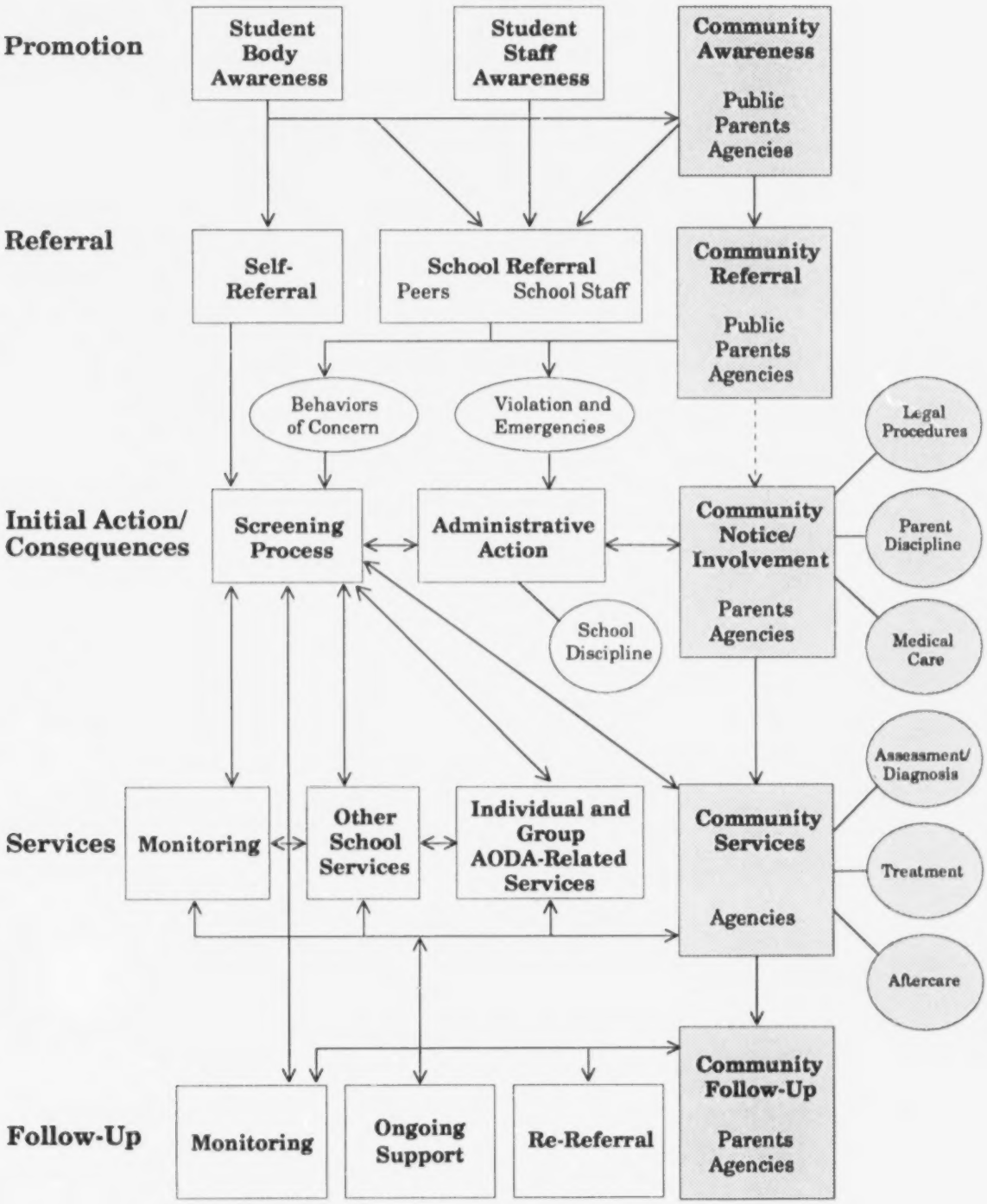
Part of the presentation should deal with the specific local Student Assistance Program and how it functions: whom to contact for questions or referrals, how to get help for oneself or others, what happens after a referral, how to become involved in the program (either through direct participation or indirect support), and so forth. The relationship between the SAP and other programs in the school (for example the Employee Assistance Program) should be made clear. Finally, everyone should be informed of other resources available in the community to combat AODA problems.

At the end of every awareness presentation, those in attendance can be invited to fill out a brief feedback form that indicates their interest in further information or involvement in the program (see sample in Appendix C).

Awareness activities should be directed to—and tailored to the needs of—four specific target groups: students, staff, parents, and the larger community. There are several ways of promoting awareness among members of all four groups.

Figure 4

Student Assistance Program



Activities for Students. Students K-12 can be targeted in the following ways:

- small group presentations in the classroom (by students, SAP staff, or combination of both)
- a video that explains the program
- a lyceum or assembly featuring a guest speaker who promotes a general awareness of AODA problems, followed by a presentation about the school's SAP
- a unit on alcohol and other drugs in the classroom curriculum
- special presentations to athletic teams prior to the season, special education students, student council members, extracurricular groups, and students in at-risk classes
- explanations of the SAP in student handbooks, school newspapers, and newsletters
- multimedia possibilities: brochures and pamphlets, bulletin boards, posters, bookmarks, community newspapers, public service announcements and programs on local radio and television, and so forth

Activities for School Staff. Many of the strategies listed above for students also will benefit staff members who are present (for example, in the classroom or assembly). In addition, the above ideas can be modified to target that specific audience. Other possibilities include the following:

- inservice programs on alcohol and other drugs
- staff memos and handbooks
- promotional and reading materials in the staff lounge area

Activities for Parents. Again, all the above can be adapted to suit the needs of parents. They can be invited to in-school presentations (for example, assemblies or more informal question-and-answer session). Special brochures can be sent to parents, informing them of the need for SAPs, the SAP's existence, how it functions, how they can become involved, and so forth.

Activities for the Community. In addition to all of the preceding ideas, a special effort should be made to enlist the support of community agencies for the Student Assistance Program and to inform them of their important role in its success. Such agencies include courts, law enforcement, social services, human services, public and private AODA agencies, councils on alcoholism, medical and mental health agencies, and local governments (counties, cities, towns, and villages). Special presentations by students and SAP staff members also can be given for local groups such as churches and service clubs.

Referral to the Program

The referral component of an SAP is a process by which a person is transferred into a system that provides services based on need. It comprises three interactive factors: the source (who makes the referral), the mechanism (how the referral is made), and the reasons for referral. (For a discussion of legal issues in this area, see Appendix G.)

Who Makes the Referral. Anyone who has contact with students has the potential to make referrals to the SAP. Obviously, classroom teachers are one key to early intervention since they deal with the students every day and can observe changes in attitudes and behavior that may signal AODA-related problems. But referrals also can come from all levels and types of staff members, including administrators, teachers, secretaries, cooks, janitors, pupil services staff, athletic directors, and coaches. Sometimes a student will "self-refer" into the program. This voluntary expression of concern immediately must be acknowledged as important and worthy of the highest priority. Many students with no particular problems will self-refer because they are interested in the program offerings. Other sources of referrals include peers—friends, acquaintances, girlfriends/boyfriends, teammates, students from another school; family—parents, stepparents, foster parents, grandparents, siblings, extended family; and members of the community—friends, neighbors, law enforcement or justice system personnel, social and human services staff, church personnel, medical staff.

How the Referral Is Made. Anyone interested in getting a student to move toward involvement in a program can, of course, speak directly to the student. Another common method is to talk with an SAP contact person in charge of accepting referrals or to fill out a specially designed form or checklist (see sample in Appendix D). Behaviors vary according to grade level, so it may be necessary to devise separate forms for elementary, middle, and high school students. In any case, it is strongly suggested that people who submit a referral form first should advise the prospective student of their intention to do so.

Family and community members might make a referral to a building administrator or to a member of the pupil services staff, SAP team, or other

school staff. However, it is important that all such referrals be funnelled to *one* designated contact person, preferably an SAP team member who is designated to handle all referrals. In larger districts, there may be multiple designated contact people delineated by grade level and/or buildings.

Also, provisions need to be made to accommodate anonymous referrals; otherwise, some who need to be involved in an SAP might never be referred such as, for example, the son or daughter of a district administrator, school board member, principal, or other staff member.

Reasons for Referral. There are two basic categories of reasons for referring someone to a Student Assistance Program. The first involves overt violations and emergencies and includes the following:

- AODA legal violations (for example, selling drugs) often require the involvement of external professionals (for example, law enforcement) as well as strict adherence to statutory procedures. The school's policy in this area of jurisdiction will consider both the severity of the violation and its impact on other people.
- AODA-related code/rule violations include rules and expectations internal to the school system or educational environment (for example, athletic and extracurricular codes). These may overlap with legal violations. For example, many athletic codes prohibit the drinking of alcohol, which for underage students also is a legal violation. However, schools can establish rules that go beyond the jurisdiction of statutes. The possession of drug paraphernalia on school grounds, for instance, can be forbidden by school codes even though it is not illegal in some states.
- AODA-related emergencies involve the immediate health and safety of people and thus require special actions that often circumvent standard operating procedures. Examples of such emergencies include drug overdoses, drunk and disorderly conduct on school grounds, and suicide attempts.
- "Related" legal violations do not directly entail the use, possession, or transfer of alcohol and other drugs; however, they correlate highly with AODA-related problems. Truancy, vandalism, assault and other violent crimes, and possession of weapons all are examples of offenses that should be "red flags" signalling at least the possibility of problems related to alcohol and other drugs.

The second category of reasons for referring, behaviors of concern, is more subtle and recognizes that there is no single manner in which AODA-related problems manifest themselves. In fact, most remain well-disguised as other problems for long periods of time. Waiting for very clear and visible AODA problems or violations only inhibits the power and effectiveness of early intervention. Declining school performance and attendance irregularities, for instance, may signal the existence of AODA-related problems; other examples of behaviors of concern can be found in Appendix D. But even a "gut-level" feeling that alcohol or other drugs are contributing to, if not causing, problems can be reason enough to refer a student to an SAP. Early identification aids the delivery of services that have the greatest impact.

Initial Action / Consequences

Referral to an SAP does not produce an automatic or arbitrary action—the scope and complexity of AODA-related problems are far too broad to easily predict what is best for an individual student. What *is* consistent, however, is the process through which the referral proceeds, from an initial screening interview to decision making about possible services, administrative action, and/or involvement of parents and community. Again, program developers are encouraged to consider carefully the legal issues discussed in Appendix G. It is important that information regarding referral, interview process, recommendations made, or services provided will not go into the student's permanent school records.

Screening. Screening, sometimes called "preassessment," is the information-gathering stage necessary before any decisions can be made about a referred student. Although such decisions are frequently made by a committee after reviewing the entire case, the screening interview is normally conducted by one person (often pupil services staff) who has had specialized SAP training in this area. Occasionally, however, the presence of a third person can be beneficial, as in the case of a concerned teacher who, though possibly untrained in SAP screening procedures, has a strong rapport with the student. In all cases, strict adherence to confidentiality laws should be observed (see Appendix G).

When a student is referred or self-refers to the SAP, the interviewer should begin to collate background information, including—but not limited to—changes in grades, comments by staff, previous involvement in the SAP, attendance records, disciplinary referrals, changes in peer relation-

ships, and a decrease in involvement in extracurricular activities. If a referral form has been submitted, it can be a valuable resource, especially when coupled with a brief interview with the person making the referral.

The actual screening interview with the referred student can take place while background data still is being collected. The importance of this conference cannot be overemphasized. For one thing, it is a crucial source of information for the eventual decision-making process. Second, it may be the first time anyone has expressed concern about a student's AODA-related problems; thus, it can be the beginning of early intervention.

For these reasons, it is essential that the atmosphere during the interview be one of care and concern, accepting of differences in background, nonthreatening and supportive rather than judgmental and punitive. The qualities of a good session include eye contact, trust, flexibility, acknowledgment of feelings and discomforts, empathy, acceptance, active listening, and "letting go." The interviewer should ask questions but need not "interrogate." The purpose of the conference is to meet the student and gather information, not to diagnose an AODA problem. The interviewer's goal is to keep the student from becoming defensive. Although AODA-related issues need to be the focus, the interviewer should be alert to other problems, such as depression, grieving, eating disorders, illness, family transitions, and pregnancy. This can also be an opportunity to educate—information about alcohol and other drugs can be very meaningful to the student at this time. More than one meeting may be necessary or beneficial.

See Appendix E for an example of a screening device that can be used or adapted by program developers when creating a list of questions and strategies for screening interviews.

Decision Making: Administrative Action. If the student has been referred because of a violation of school codes, a school administrator will be involved (unless confidentiality requirements under s. 118.126, Wis. Stats. apply). As always, when these violations overlap with statutory offenses, the school may have to inform law enforcement officials in order to conform to state and federal laws as well as promote cooperation with the local community. Sanctions from more than one system also can provide powerful motivation for the student and can provide more leverage or options. To ease this process, the school should have a definitive policy regarding punitive action, whether legal or disciplinary, that is enforced in a uniform and nondiscriminatory manner. Yet the most effective action always will involve appropriate assistance in addition to the appropriate discipline. Moreover, even in law enforcement, there is room for voluntary, cooperative agreements.

The key to decisions about administrative action is having a viable policy in place. But no "model policy" exists—that is, one that provides clear, fair, and constructive guidance regarding all or even most of the variable conditions connected with AODA issues. Creating policy is a very complex, long-term process. Even the "perfect" policy would be perfect only for a short period of time. Each district must "reinvent the wheel," over and over again, constantly re-evaluating according to changing conditions and particular local needs. (See Section 2, "Stage Three: Plan of Action," on developing an AODA policy package.)

Decision Making: SAP Team Referral Process Following Screening. After the screening process, some decision as to the proper recommendation for student services must be made by an SAP team member or the entire team, all of whom have had specialized AODA training. All referrals must be made in strict accordance with state and federal statutes pertaining to student rights, confidentiality, and parental notification and permission as well as with individual school policy. (See Appendix G for a discussion of legal issues.) Decisions usually will be to make one of these types of recommendations or referrals.

- No recommendation at this time for any in-school or out-of-school services.
- No recommendation at this time but continued monitoring of student behavior and progress with future recommendations if needed
- Referral to an in-school group, activity, or service other than AODA
- Referral to in-school AODA services
- Referral to out-of-school non-AODA services
- Referral to out-of-school AODA services

Following the decision-making process, the interviewer will speak with this student regarding the recommendations. It must be made clear to the student that his or her decision to follow through with the recommendations is strictly voluntary. The interviewer will give information on the recommended action for student to take, and how the student can go about taking this action. It is important to motivate the student to accept

assistance by giving encouragement, being non-judgmental, and showing respect and support for the student as a person of value. An important part of a Student Assistance Program is using intervention techniques learned in training by showing caring and concern, being specific about behaviors observed or reported, and giving feedback on expectations and consequences.

Decision Making: Parent Involvement. At the beginning of each year, parents need to be informed of the Student Assistance Program and other services offered, including the nature of the program and the parents' rights to exclude their children from the program if they so choose. It is important that SAP coordinators know state and federal laws regarding parental notification and permission (see Appendix G). Laws often change as program procedures and results are reviewed and evaluated. In many schools, students may participate in groups without explicit parental notification or permission, but this is not with the intention of excluding parents. SAPs respect and support family systems and parental rights.

Alcohol and other drug abuse is an emotionally charged topic for many parents. They may have grown up in homes where someone was chemically dependent, or they may be abusing alcohol and other drugs themselves. They may have had older children who became involved with alcohol or have similar problems. Blame for alcohol and other drug abuse among young people sometimes is placed on parents, and this blaming often discourages parents from seeking help and sharing concerns. Thus, positive action that they may otherwise take is limited.

Parents often are a referral source, although the student also may have been referred by other sources. In the screening process, parents can supply information that cannot be gathered from the student or other sources. They can give the SAP staff a picture of the student's family background and home environment. Staff members can give information on the parents' role in prevention and intervention, and on where to go for help for themselves. It is important not to alienate parents or put them on the defensive. School personnel must be sensitive to their own biases and must be certain such attitudes do not interfere in communications with parents. If they resist suggestions or offers for help, the door to school or community assistance should be left open for another time.

When involving parents, it is important to let them know that someone at school is concerned about what is happening in their child's life and that all the answers may not be available. It helps to avoid making assumptions or prejudgments and accept the fact that most parents love and care about their children. Sharing the student's strengths and assets as well as problems can go far in making parents feel better about their children and themselves. Giving the parents permission to express negative feelings toward the school or services helps them feel that they are accepted and that their opinions are valued. It helps to use language that is meaningful and understandable to parents. Staff members need to try to establish a relationship of trust and support. Of utmost importance are discussions of ways the school can help the parents and ways the parents can help the school.

Decision Making: Community Involvement. Students may have had involvement with the legal system, with medical personnel in emergency or non-emergency situations relating to AODA, or with other community systems. Agencies may serve as the link between the school and local groups such as Alcoholics Anonymous, Narcotics Anonymous, Alanon, Alateen, and Adult Children of Alcoholics.

Even if initially AODA focused, SAPs identify students with many different problems. Assessment by an outside agency may well indicate other problems a child may be experiencing which may involve social services or the child's physician. Services to the entire family often are warranted.

Information regarding available services and resources can be obtained from local community services and human service boards. Some AODA task forces have taken on the responsibility of making up a list and information on community resources. This list needs to be updated yearly as phone numbers and services change.

Information on alcohol and other drugs and other services is available in various publications that can be obtained from state agencies. Local libraries, hospital and telephone books also often have resources available. Referrals go both ways. With awareness and coordination, community resources, including local businesses hiring students, can make referrals to SAP personnel when they are concerned about specific students. It is recommended that SAP staff members are familiar with the following resources for students and staff.

Services

As Figure 4 shows, the screening process of the third component usually results in a recommendation that the student participate in one or more of the services offered by the Student Assistance Program in the school or by local, community-based agencies that deal with alcohol and other drugs. This section will outline possible choices for services to be offered in the school—both individual and group—and finally those outside the school.

Individual Services. Individual services may be offered instead of or in addition to group services. These should be goal oriented, supportive, culturally relevant, time limited, appropriate, and in keeping with the educational services of schools. They usually are facilitated by the pupil services staff, although teachers with SAP training also may be involved. Basically these occur in one-on-one situations between the adult and the student. These sessions may consist of "mini or one-minute interventions," or care-and-concern meetings. They involve giving feedback along with care and concern, expectations and consequences. Such services may be designed to achieve one or more goals.

- Motivation – with the goal of motivating or encouraging the student to join a group or pursue outside therapy
- Short-term counseling – when a student needs information or is struggling with a specific problem such as pressure from friends, concern over a friend who is using alcohol or other drugs, or concern over a parent who has been picked up for drunken driving
- An addition to support group services – such as a student who becomes extremely upset over something that occurred in a group, when a crisis situation has occurred, or when child abuse is reported in the group and the student needs support in the process of reporting the abuse
- Education – in cases where there are situations the student does not understand such as a grandfather dying of cirrhosis of the liver, an older sister going back into treatment after a relapse, or a father who just got out of treatment spending every evening at AA instead of with his family
- Advocacy – when an extreme crisis situation at home has affected school attendance or performance, and students need assistance with helping their teachers understand the reasons for their absences or failing in school work
- Aftercare – when students return from treatment. This should not include therapy, but it should be limited to a student's readjusting to school, including making up schoolwork and dealing with peers, as well as motivating and encouraging the student to continue with outside assistance and support groups. When schools do not have enough recovering students for a group, students may be seen individually to deal with the same concerns as described in the section on groups for recovering students.
- Support and assistance with non-AODA problems – when students who have been screened or participate in AODA support groups have non-AODA issues in their lives. One of the most important results occurring in the screening process and/or groups may be that the students learn that there are caring and helping people in the schools, what specific help is available, and where to go for help. During groups the students learn that the facilitators are adults in the school who care and can be trusted. They often will then continue to seek out these people when stressful situations occur in their lives such as the death of a parent, or a difficult situation with a boyfriend or girlfriend.

Support Groups. Groups are the mainstay of any Student Assistance Program. Students find them safe places to discuss problems and express feelings without being judged. Noticeable improvement often can be seen in school work, attendance, self-esteem, and relationships with peers and parents. As stated earlier, a major thrust of groups is education, so they are attractive to and beneficial for a wide variety of students, including those who have no serious AODA-related problems.

Each SAP should design its own array of support groups according to the available resources and individual needs of the school, but the general guidelines and descriptions that follow can be helpful to planners as they create their own unique programs.

A vital component of any successful group is the facilitator or co-facilitators, who should be SAP team members trained generally in AODA issues and group facilitation, and more specifically in the operations of their particular type of group. Since a group is basically a collection of individuals that takes on an identity of its own, the internal dynamics can be very complex, always changing. What happens in a session often happens at a level beyond words. Thus, it is essential for facilitators not only to listen but also to observe. They should have the most power and control in the group yet

be sensitive to subtle shifts that occur, for example, when one participant succeeds in getting the group "off task" or makes other members angry. On the positive side, one person can be highly instrumental in creating group solidarity and making others feel comfortable, safe, and relaxed. Ideally, power needs to be available to all in the group.

In general, the number of participants for each group does not exceed 12 for high schools, 10 for middle schools, and 8 for elementary schools. The groups usually meet for 8 to 18 weeks, 25 to 45 minutes per session. Younger students tend to work better in smaller groups for shorter periods of time. With the exception of the use/abuse group, some groups are open, meaning that students can join after the sessions have started.

Physical surroundings have a significant influence on what happens in a group. Since most schools were built before they had support groups, it may take genuine creativity to find a suitable place to meet. Groups have met in guidance offices, renovated closets, special education rooms, and an area of a gymnasium made private with tables tipped on their sides around a small space in the corner.

Program developers should recognize that an effective group

- has clearly defined goals,
- provides a feeling of belonging,
- is accepting and nonjudgmental,
- is flexible in procedures and agendas,
- has a high level of communication,
- involves all members,
- recognizes individual needs, and
- works as a unit.

Facilitators should establish initial guidelines for their groups. Here is a list of suggestions.

- Attendance is expected.
- Confidentiality and trust are essential. The identity of group members and issues discussed should remain confidential, except in life-threatening situations and instances of imminent danger. At those times information will be shared outside the group, but not without the prior knowledge and, if possible, the presence of the participant.
- Active participation is strongly encouraged.
- In a given session, each member has the right to selectively participate.
- Each student should have the opportunity to speak at each session.
- Contracts will be developed for attendance, participation, and nonuse of alcohol or other drugs.
- Respect for other group members and their participation is essential.
- The group will have an opportunity to give input on the guidelines, goals, and objectives.

Listed here are several goals common to most groups, particularly those discussed later in this section. Students will

- realize that other students share similar feelings and experiences.
- understand that it is OK to seek help throughout one's lifetime.
- gain knowledge about life problems: use and abuse of alcohol or other drugs, divorce, child abuse, suicide, and so on.
- have a safe place to share problem situations.
- learn good communication and social skills.
- learn appropriate behaviors and coping skills for dealing with difficult situations.
- enhance self-esteem.
- learn that problems can be viewed as opportunities for growth.
- learn to participate in the solution of one's own problems.
- realize what gives meaning to one's life and keeps one going.
- realize that how one thinks and feels affects the way one acts.

These are specific objectives that each student in an SAP support group should try to achieve. Students will

- demonstrate refusal skills.
- identify feelings and appropriate ways to express them.
- demonstrate a knowledge of the AOD continuum of use: nonuse, use, misuse, abuse, chemical dependency.
- demonstrate a knowledge of the progression of chemical dependency, treatment, and recovery.
- identify the impact of alcohol and other drugs on the family.
- develop a positive support network.
- demonstrate appropriate communication and social skills.
- increase involvement in positive alternative activities.
- demonstrate decision-making skills.

Brief descriptions of five typical support groups follow. In each case, when applicable, additional goals and objectives are provided that are specific to that individual group. These should supplement the ones listed above.

- The Nonuse Group is for students who have chosen to live free of alcohol and other drugs and make a commitment to continuing that lifestyle in

the future. Another goal for group members is to be a positive role model for others. Additional objectives include perfecting refusal skills, learning assertive communication skills, developing an interest in promoting nonuse, and having fun.

- The Concerned Persons Group is for students who are concerned and affected by someone else's alcohol or other drug use. The focus, however, is on the student's well-being, not on the individual using alcohol or other drugs. The purpose is to share one's own feelings and concerns. Additional goals include providing support, learning coping skills, and providing AODA education specific to people affected by others' use of alcohol or other drugs. Group members also attempt to accomplish these further objectives.
  - — Recognizing that abuse of alcohol and other drugs by family or friend is not the result of their own behavior
  - — Identifying ways of improving their mental health
  - — Identifying ways of improving their social functioning
  - — Understanding that they cannot control the person's use of alcohol or other drugs

Many treatment centers in the community have therapy groups for children of alcoholics. These are not the same as concerned persons groups, where the purpose of the group is support rather than therapy and where the person subject to concern can be friends or relatives (not just parents). Identifying who the student is concerned about is not always possible or necessary in order to help the student. For some SAPs, where the goals are education and support, this lack of identification poses no problem.

- The Awareness Group is for students who need AODA information to assist them in making wise choices regarding alcohol and other drugs. A specific additional objective is to acquire information about the effects and possible consequences of using drugs such as nicotine, alcohol, and marijuana.
- The Use/Abuse Group is for students whose own alcohol and other drug use has caused them problems in their lives. An additional goal for these group members is to prepare them to make healthier lifestyle choices as a result of their recognition of the negative consequences of their use of alcohol and other drugs. Specific objectives include the ability to identify their position on the AOD continuum of use, the ability to recognize their movement toward dependency on that continuum, the ability to recognize the consequences of their personal use, and the gaining of more specific knowledge about their personal drug(s) of choice. Use/abuse groups could be valuable to any student who has ever used alcohol or other drugs. However, because of time and staff restrictions, participation usually is granted on a referral basis only, targeting those students who need support most urgently.

It is important for facilitators to be aware of their own alcohol and other drug use, in the present or past, and how it has affected their lives. Furthermore, facilitators may at times become concerned about the amount of alcohol and other drug use among certain students; frank expression of these concerns is vital. The relationships developed with students in this group will be very different from relationships with students in the classroom or even in the counseling environment.

- The Recovering Students Group is for students who have participated in some form of treatment (inpatient, day treatment, or outpatient). The group's emphasis needs to be on concerns related to school behavior and activities. Additional goals for members of this group are to maintain lifestyles free of alcohol and other drugs, to establish new friendships, to take care of themselves physically (exercise, nutrition, decrease in caffeine and smoking), to identify other addictions, to understand the relapse process, and to be aware of individual relapse symptoms.

The "Broad Brush" Approach. Program developers should realize that Student Assistance Programs typically take one of two forms. Some concentrate primarily on alcohol and other drug abuse and related problems. Others use a "broad brush" approach: they assist students with a wide variety of problems, AODA-related or not, and they offer activities that are not particularly problem-oriented, such as wellness programs. A "broad brush" SAP also might address such issues as friendships, grades, loss, teen pregnancy, and self-esteem.

Since "broad brush" seems to be most effective when it evolves from an AODA-specific approach, perhaps the best plan of action is to begin building a strong AODA-focused Student Assistance Program first and later expand gradually into other programs that have a broader purpose. That transition is facilitated by the fact that the same skills and structures of AODA-related programs are effective in dealing with many other kinds of

problems. As an SAP develops, it also should become more and more flexible in order to meet the changing needs of the students.

Student Assistance Programs that are AODA specific still need to be sensitive to other problems, especially depression and suicidal tendencies, eating disorders, grieving significant losses, or possible serious medical problems. Although there are a significant number of problem situations that are related to alcohol and other drug abuse, staff members always need to be alert to other problems that need attention and are often discovered through the SAP whether it is broad brush or AODA specific. It is important that staff members do not search for alcohol and other drug abuse in every problem situation or that students do not get the impression that they have to have an AODA problem to get needed assistance.

Community-based AODA Services. All successful Student Assistance Programs work effectively with AODA services in the local community and sometimes even in other parts of the state depending on the availability of services. Sometimes the most appropriate action after an in-school screening is referral to one of these services, though in Wisconsin this referral may not be mandatory (see Appendix G). A local agency is usually the entry point for students needing inpatient treatment and often has funding available for those unable to finance the cost. For these reasons, SAP staff members need to establish relationships with the staff of public and private agencies available and learn how they can work together. It is best for the SAP to have one person who deals with the agencies, knows exactly what particular services are offered, matches those services with the individual needs of specific students, and arranges for parental notification or permission when necessary. Community agencies generally perform the following services for students.

Assessment and Diagnosis. Care needs to be taken in recommending assessment agencies. Assessment and referral services that are independent from treatment services should be available to students in order to minimize conflict-of-interest problems, which otherwise may arise from an agency that may benefit financially if the student is assessed to be in need of extensive treatment. Often these assessments occur over time or are repeated for a student when more information is obtained or more troublesome behaviors occur. School staff members need to meet with the assessment agency staff to gain knowledge of the expertise of the assessors and the techniques they use to make sure they are in keeping with the philosophy of the SAP program and respect student's confidentiality and rights.

Assessment by community service agencies includes evaluation of the youth's strengths and needs, including those of his or her current family situation, family history, and social support system. One component of the assessment is the youth's use of alcohol and other drugs along with other important information regarding specific behaviors. Data provided by the school is invaluable in this process. However, written releases from the student and, if necessary, from parents or legal guardian are of utmost importance when giving information regarding this student to the treatment agency. These written releases need to follow the confidentiality laws of the state and include the type of information that the school will share and the reason for sharing this. Treatment for alcohol or other drug dependency may be recommended or other services provided for the student and often the family.

Treatment. Treatment for alcohol and other drug dependency is a crucial need for about five percent of the nation's secondary students. Treatment is not a school SAP function, but SAP program staff members need to be aware of treatment modalities and of the treatment and recovery process. It is beneficial for those screening students to have visited treatment programs and gain some understanding of what treatment is and is not. As has been stressed, school and treatment agencies must develop effective working relationships.

Treatment modalities for chemical dependency include hospital-based residential treatment programs, residential programs outside a hospital setting, day treatment programs, and outpatient programs. More and more treatment programs recognize the need to work with family systems in order to facilitate long-lasting changes in the person dependent on alcohol or other drugs. Thus it is common that treatment include individual, group, and family therapy. AODA treatment cannot be viewed as a cure or magical solution, rather it can be the beginning of a life-long process of recovery.

It also is recommended that treatment agencies develop relationships with schools and contact appropriate school personnel at intake regarding school assignments and school policy for

students missing school for treatment. Instruction may be provided by the treatment agency and this needs to be coordinated with the regular classroom work of the student. Sometimes SAP team members have visited the student while in treatment with permission of the student and treatment program.

Aftercare. A continuum of care, including aftercare, is considered essential because of the ongoing assistance needed by many people who are dependent on alcohol and other drugs. Aftercare services almost always are recommended for the adolescent and his or her family. Services often include ongoing counseling sessions with the outside agency, attendance at community support groups, and also may include, in some cases, out-of-home placement for the child. Some students have been known to do well in a different school environment where they do not have to struggle with previous drug-using friends or stigma resulting from previous behavior. Again coordination of services with SAP school support services is crucial to most recovering students.

Although the school cannot treat the student, it can give him or her understanding, encouragement, support, and assistance with school-related problems and coordinate efforts with the community agency involved in aftercare.

Other Community Services. A number of additional services and resources often are available in local communities.

- Mental health agencies – These include county and private agencies. SAP staff members need knowledge of services available, contact persons, and how appointments are made and referrals accepted.
- Support groups – It is helpful for the SAP staff to have information on days, times, and places of meetings of any support groups in the local and surrounding communities. It also is beneficial for the staff to attend open meetings if these are offered.
- Medical facilities – Information on emergency procedures needs to be worked out with the school in relationship to these facilities. It is helpful for medical personnel to be involved in any community training programs regarding alcohol and other drug abuse.
- Law enforcement – School staff members need information on procedures for notifying law enforcement of illegal activities relating to alcohol and other drugs. Procedures need to be worked out between law enforcement and school officials. Again it is helpful for law enforcement to be involved in AODA training.
- Emergency hotlines – This is valuable information to give to students since crises often occur outside of school hours when school personnel are not available.
- Other community resources – All community resources including churches and others who come in contact with children and families may be sources of referrals.

Follow-up

Follow-up involves students, school staff, parents, and outside agencies and has three functions.

- Monitoring whether students followed through with recommended services
- Providing support for students making efforts to change their AODA patterns or dealing with difficult situations in their homes
- Re-referring students who may have not accepted recommendation or for whom further recommendations are necessary

School services. There may be times when students do not follow through with group attendance. It may be important to check back with the student to give further encouragement or to address concerns. It also may be important to see students individually after their group participation. Something said in a group program, such as a student talking about excessive drinking or drug use, may be a "cry for help" and may signal a need for further referral.

Staff members, parents, peers, or community agencies may make additional referrals regarding a student who already is receiving services, who has previously refused services, or for whom no decision was made for services following screening. Referrals from various resources at the same time for the same student may indicate some immediacy in again contacting the student or discussing the situation with the SAP team.

It is vital that the SAP team receive feedback on concerns and problems regarding students as well as successes and progress. Sharing what seems to work and not work is important in determining program changes and plans. Feedback from students is extremely valuable. One of the benefits to facilitators of the quality of student contacts in an SAP is learning about problems from their perspective. The unique and innovative ways stu-

dents have found to deal with these problems can be helpful with other students and in other situations. The students' courage, strengths, successes, and dreams provide affirmation, hope, and encouragement for SAP team members and do much for the continuation and vitality of a program.

Community services. In regard to referrals to outside agencies, the assessment agency will need the background (performance information and other less formal observations) gathered by SAP team members. Again, it is important to have signed releases from the student and parents in order to share this information.

The SAP team should inquire if the student or family made contact, if the service recommended was appropriate, and if the agency needed further help from the SAP team. As time goes on, agencies and school staff members may contact each other as problems occur with a particular student. However, it also is beneficial to share progress, successes, and positive behaviors.

It should be recognized that families probably will need support and encouragement, and should be included in the follow-up process by the school and the agency. With some students, several community systems may have been involved in delivering services, and they all need to be involved in coordinating future efforts.

As an ongoing process of follow-up, the school may be requested to give a status report to the human services or AODA agency regarding performance of former clients (after providing for necessary release of confidentiality) on a continuing basis.

At times students will leave the school setting to spend some time in an outpatient treatment facility. It is necessary that some thought be given to the re-entry process when the student returns to school.

A recovering student group is just one component of the student's re-entry plan. Appropriate staff members may need to make adjustments in a student's schedule based on the amount of work that the student has missed during and before the treatment process. It is helpful for the school or SAP team to designate a pupil services staff member to communicate with the treatment provider prior to re-entry, and in the re-entry process give emphasis to academic status and the recovery process.

Teachers and other school staff need to become knowledgeable of the treatment and re-entry process and how it involves them in the classroom setting. School staff members need to establish relationships with the aftercare providers to assure the continuity of the aftercare plan. Students do not always complete treatment and it is helpful for the SAP team and other school staff members to have this information without being judgmental or making assumptions.

Parents. At times parents may contact the school with concerns regarding their child participating in a group. Although the staff member cannot reveal what was specifically said in the group or who the other participants are, he or she can tell parents information about group goals, guidelines, and activities. Staff members need to listen to parents' concerns, offer suggestions for coping strategies, and offer resources for the parents to obtain help for themselves if requested.

Parents who have made referrals to the school may need ongoing support and encouragement. Hopefully, they will consider the school a safe place to share concerns, and they will mutually support and work together in the best interest of the student. Sometimes a supportive phone call to parents to see how things are working out at home can be beneficial to the school and the family.

School Staff. When the student gives permission, the school staff member making the referral may be given feedback regarding decisions made. Even without this permission, the staff member usually may be told that the student was contacted. Without revealing confidential information, the SAP interviewer can make suggestions to the staff member on ways to deal with the student or ways to give support to the student if he or she is having difficulties in his or her life. The interviewer also can encourage the staff member to share any further concerns or observations.

An SAP can be a complicated program. It takes time and energy and a great deal of caring and concern. The steps, procedures, and services described are ideal, but with time and energy constraints the SAP staff cannot always follow all of them exactly. As with any program, there is room for flexibility and innovation, and it is essential to tailor a program to fit an individual school or community. Often, after the initial implementation of a program such as this, each school finds problems or concerns. Staff members have shown resourcefulness and creativity in solving these problems with new groups or techniques for implementing the various steps and components.

The school staff sometimes can become discouraged if a student does not accept recommendations or a referral does not work out. This program is an ongoing process and future referrals and services may be accepted and more appropriate for a certain student. It is helpful to remember that there is more than one way to solve a problem and that students usually are in school for many years.

Revitalization is an important part of an SAP. Staff changes occur and school environments often change due to circumstances in the district or community or even as a result of the SAP program. With change comes the need for reorganization and revitalization and for re-establishing and re-energizing teams and networks within and outside of the school.

Staff members working with the program need ongoing support from each other. Teams need to meet to not only discuss concerns regarding the program or individual students, but to discuss their own well-being. Sensitive issues for group facilitators often surface when working with groups. Many staff members take on SAP tasks in addition to their regular school assignments, and their caring for a particular student may carry over into their thoughts and lives outside of school. They need to give each other mutual support for self-care and be sensitive to a team member becoming overburdened. More people may need to be trained or program activities may have to be limited if this occurs. The use of humor can be a valuable tool in enriching the well-being of the team and in relieving the stress of the seriousness of the students' problems. Team members need to give each other rewards and positive feedback and may need to spend time together in celebration of successes.

The ultimate goal of an SAP is for students to care about themselves, take care of their well-being in positive ways, and develop positive support systems. One of the best ways for adults to help this occur is by modeling this in their own lives. Positive, healthy adults working with students can do much to encourage students in positive pursuits and lifestyles.

Special SAP Implementation Issues

The same strategies described in the general implementation section apply to an SAP. Team building, training, planning, and communication, are essential elements of the implementation process. Often team building and program planning are a part of the training process.

It is important that an advisory committee is formed when an SAP is only an idea. This committee needs to include school staff and administrators, parents, and community resources. This may be the same committee that previously implemented a curriculum or later may implement a peer program. The committee needs to gain expertise on SAPs through related publications and people experienced in this area.

The committee may become the overall SAP team with smaller teams from various levels such as elementary, middle, and secondary school, as well as from various buildings. However, members of the committee may never have any other role than that of giving support to the program and assisting in the integration of this program with other school and community AODA and non-AODA programs.

Realistic timelines need to be established, recognizing the fact that the process of implementation takes time (from a semester to a year). Schools often find it difficult to implement a K-12 program at one time and may choose to start the elementary school program one year and the middle and high school the next or vice versa.

However, wherever implementation begins, it is recommended that long-range goals include the objective of having a coordinated K-12 program.

There are those who may be blocking the program for various reasons, including not having a clear understanding of program goals or structure. There are others who find AODA an extremely emotional subject due to their own use or past experiences in their families or with friends. All those who appear to be blocking the program need to be listened to with respect and concern.

Sometimes one element of an SAP may be left out due to strong resistance on the part of a particular administrator. This may be implemented at a later time as understanding is gained and parts of the program are reviewed and evaluated. It is important to remember that the structural model presented in the five steps is not necessarily the end goal in itself. An SAP can be defined as a process for structuring interactions with students. Implementation involves establishing a process by which people in the school system relate and interact.

Schools often have a system of referral in place. Some SAP services, such as individual and group counseling and relationships with community services, already may exist. These structures and

services may be adapted and enhanced to become part of the overall SAP structure.

Even with extensive planning, there can be unexpected results, such as many referrals to a concerned-persons group and few to an AODA-awareness group. Some services may be planned, and then there may be no referrals. The first year there may be no interest in a nonuse group; but as nonuse becomes important to more students and students begin to trust the program and staff the nonuse group may become more popular. Programs need flexible planning with room for unexpected results.

Evaluation is essential in an SAP. Numbers of students referred, referral sources, services provided and feedback from students all are important in promoting program continuation. Some pre-testing and post-testing may be done as well as reviewing attendance records, disciplinary action, and grades for individual students receiving services. Some schools have found that although there may not be any immediate change, over time positive behavior, grades, and attendance will improve. Follow up evaluation of students who have participated in previous years is vital.

Reporting to the advisory board, school board, or community resources about the activities provided, results, and nonconfidential information on students is an excellent strategy to encourage further funding and support. School and community awareness needs to be ongoing.

Policy

A Student Assistance Program is a process by which people relate and interact; thus, this process is naturally begun in policy development. Working on a philosophy statement for a substance abuse or an SAP can be a rewarding process because it allows advisory committee members to take a careful look at their beliefs, and it guides program development. It is important that policies relating to SAPs include, but are not limited to, the following:

- appropriate training and program awareness that is ongoing
- school rules regarding AODA, procedures for violations, penalties and consequences; and keeping in mind that an SAP is both assistance- and discipline-oriented
- provisions for cooperation with community agencies
- compliance with federal and state law
- roles and responsibilities of the coordinator, SAP team members, administrators, and other staff members
- referral procedures
- procedures for re-entry following treatment
- integration with other programs
- consistent philosophy and principles throughout all AODA programs. Students, parents, and staff members need to be receiving consistent messages regarding alcohol and other drug abuse.
- a bottom line of caring, one-on-one validation, and affirmation of students and staff. Philosophy, principles, and procedures need to address this issue so that schools and communities are safe, healthy places where people have a sense of belonging.

Policies should be reviewed and updated periodically following program activities, feedback from staff and students, and evaluation. (See appendixes for sample checklist and review sheet.)

Training

The following are examples of the kinds of ongoing training that are necessary for the implementation and maintenance of an effective Student Assistance Program. Other types of training applicable to a broader range of AODA programs are described in Section 2 in the discussion on formulating a plan of action. They too, of course, would be beneficial for SAP team members.

SAP Team Training

Target population: everyone involved in the Student Assistance Program, including school staff, community people, and students.

Content: AODA awareness; sensitivity to AODA issues; disease concept (progression, treatment, and recovery); family disease concept and roles; enabling; "signs and symptoms" for school staff; communication skills; AOD continuum of use; intervention procedures; attitude clarification; AODA service continuum (prevention/intervention/treatment/recovery); elements of an AODA program; alternatives to and other definitions of AODA terms; referral sources; SAP structure and procedures.

Group Facilitation Training

Target population: those with SAP team training who are interested in facilitating (or co-facilitating) school groups or in learning about groups in general (for example, administrators).

Content: group skills; legal issues; confidentiality; philosophy of groups; group guidelines and procedures for setup; activities and role playing; experiences as a group member; when and how to make referrals out of a group; listening and communication skills; problem situations.

Peer Programs

The key to any successful program in the schools is the active participation of the students. Nowhere is the truth of this axiom demonstrated more clearly than in peer programs. Responsible students are specially selected, then trained in specific skills as well as AODA-related issues, and they are given the opportunity to have a positive and profound influence on their fellow students through these programs: peer helping (listening), peer education, and peer leadership.

If there is no other benefit from peer programs than improving the quality of the lives of the participants themselves, then these are programs of great value. They have proven effective in decreasing alcohol and other drug use and in improving self-esteem, coping skills, relationships with family and friends, school attendance, school behavior, leadership skills, and academic performance. Participants enjoy a sense of belonging to a group that conducts meaningful, worthwhile activities in which they have some responsibility and control. These programs use the dynamics of peer pressure, peer support, peer influence, and peer interaction. They bring together a group of unique and diverse students with the common interest of wanting to help others. Group cohesiveness and positive peer pressure are built into the program and are essential to it.

Peer programs are oriented toward both prevention and intervention. In the area of prevention, student participants

- give presentations on AODA to younger and same-age students.
- help students cope with problems by listening to them as an alternative to coping through alcohol and other drug use.
- promote healthy activities and a healthy school climate through special projects.
- help contribute to school climate and social bonding by bringing together students from different grades and social groups.

In the area of intervention, student participants

- enhance their self-esteem.
- learn that problems can be viewed as opportunities for growth.
- learn that people need to participate in the solution of their problems.
- realize what gives meaning to their lives and what keeps them going.
- realize that how they think and feel affects the way they act.
- develop and implement responsible and meaningful activities.
- understand their role and ability to influence others.
- refer other students to resources for help.
- support fellow students in changing behaviors.

The following pages present an outline of general procedures applicable to all peer programs, followed by a description of each of the three types and their particular needs in three areas: selection, training, and activities. The last part of this section deals with special issues that arise when implementing any peer program.

General Procedures: Selection

Student recruitment begins by creating awareness of peer programs. Teachers or SAP personnel make presentations in required classes in order to reach all students. Application forms and a written statement about the program may be prepared by members of the AODA Advisory Committee and distributed at these presentations. In the following years, presentations can be made by the peer participants themselves.

A designated committee composed of advisors, guidance counselors, or members of the AODA Advisory Committee then reviews the list of applicants and eliminates students who are known to have serious academic, emotional, or behavior problems. The remaining applicants may be interviewed by several people, including advisors, counselors, teachers, and possibly "veteran" student participants. If several interviewers are used, one may be a community member, who is less likely to be influenced by an applicant's past school performance. In any case, there should be at least one in-school adult interviewer.

Those conducting the interview may need to clarify the purpose of the program and answer questions posed by students about responsibilities and activities. They also need to be alert for students who may be hurting from serious problems, for some may apply because they see this as

a nonthreatening way to get help for themselves. Thus, interviewers should be prepared to make referrals to school and community services.

The size of the group will depend on the size of the school and the number of advisors available. About 20 students per advisor is a maximum; the group needs to be small enough to promote cohesiveness and support. Attrition is to be expected as students learn more about the responsibilities and expectations involved. Nonetheless, it is best to start out small and expand the program gradually.

It is important to consider the following qualities when selecting participants:

- positive work habits;
- strong commitment to the district's AODA program;
- ability to be a positive role model for other students;
- sensitivity to others' feelings;
- ability to support, encourage, and appreciate others;
- ability to help others make decisions without deciding for them;
- ability to express feelings openly, honestly, and appropriately;
- willingness to listen;
- ability to set limits on time and energy; and
- ability to trust and be trustworthy.

The final decisions about selection could be made by interviewers and advisors. A numeric system of evaluation helps, since it allows the committee to look at a total score. They should try to create a mix of students that represents all ages, both genders, and many different personality types (including the quiet and shy), social groups (including athletes, musicians, the popular and the less popular), and ethnic groups.

Applicants who are not selected should be informed in person. They may be upset and feel rejected, so it may be necessary to spend some time with them individually. A personal note with positive comments also will help.

Those selected may get a congratulatory letter that also explains that they must make a written commitment to training. The letter also could serve as an invitation to an orientation meeting where students can be informed about meeting dates and the specifics of training.

The parents of those selected also should receive a letter that, besides congratulations, gives information on the responsibilities and training of the program, including the names of advisors and places of training and meetings. In addition, parents should be asked to return a form granting permission for the student to participate. Parents also may be invited to the orientation meeting.

The advisors may go through the process of awareness presentations, selection, and training twice a year, depending on the size of the school and number of advisors. In the second year of the program, as many as 20 more students could be trained. The experienced students from the previous year could continue with more advanced training and further activities, including participation in the initial training of the new students. At this time another component, if not already in place, could be added to the program, or peer helpers could become, for example, peer educators and vice versa.

General Procedures: Training

Extensive training is recommended for participating students. This could be two-hour sessions at night for several weeks, a series of full days during a week, or all-day training on weekends or vacations. Students may be taken out of school for training (as a field trip) with approval from parents and administration. Some schools have offered the program as a regular class with credit for graduation; others have conducted extensive training sessions during the summer. Some students could even participate in the team training of the Student Assistance Program.

In some areas, teens from several different schools are trained together. This is not only an efficient way to train large numbers but also encourages friendships among schools. Students comment on how meaningful it is to participate with teens from other schools in a noncompetitive activity. If community trainers are used, school advisors should attend. Trainers should have

- group facilitator skills,
- knowledge of such problem areas as child abuse, suicide, family change, and loss,
- basic alcohol and other drug training,
- peer program training,
- knowledge of in-school and local community resources,
- experience with teen programs,
- sensitivity and an understanding of adolescent development, and
- a sense of humor and the ability to have fun.

Specific training components for each of the three types of peer programs are listed in the next sections, but in general, training for all programs should include

- alcohol and other drug information (alcoholism as a family disease, family roles, treatment options, helping resources, signs and symptoms and so forth).
- trust and confidentiality (an essential ingredient in promoting group cohesiveness).
- self-awareness activities for getting to know themselves and each other, including cultural diversity and prejudice reduction.
- ways to validate and affirm themselves and others.
- active listening and other communication skills, including nonverbal communication and assertiveness.
- peer refusal skills.
- when and how to refer to adult helpers.
- decision-making, problem-solving, and conflict-resolution skills.
- knowledge of community resources for referral.
- knowledge of school policies and laws affecting teens.
- strategies for taking care of oneself and having realistic expectations.

Training should be ongoing throughout the year. Students can supplement their knowledge by attending special sessions on teen pregnancy, child abuse, eating disorders, and so forth, as well as by taking field trips to inpatient treatment centers, mental health clinics, and other schools with peer programs. Ongoing training can take place during rotating class periods each week or every other week so that students do not miss the same class too often.

General Procedures: Activities

Peer programs begin to have positive effects as soon as participants are selected and begin training. Their skills in problem solving and communication are enhanced, resulting in changes in the quality of their own lives as well as those of family and friends. Peer advisors report that participants often improve their grade-point averages, school attendance, and self-esteem. Even if no other activities occur after the training, the program will have benefitted many people.

Several important guidelines should be followed when selecting activities.

- Activities should be comfortable and safe for the participants.
- A variety of individual, small-group, and whole-group activities should be offered in order to add diversity and interest to the program.
- Activities need to be flexible in order to meet individual, school, and community needs.
- Individual activities must be voluntary, as some could be upsetting to certain students because of problems in their own lives.
- There need to be realistic expectations for the outcome of any activity.
- Advisors and school staff should make final decisions about approval or disapproval of any project to protect students from difficult situations.

Students will profit from making decisions on projects and taking responsibility for them—with adult supervision. Suggestions for activities are listed in the following sections, but students will come up with many creative and innovative ideas on their own, especially after training together and growing as a group.

Types of Peer Programs

Peer Helpers

Helping young people often gets frustrating, and adults at times may feel helpless or hopeless, unable to see the reasons behind the feelings and behavior of teens today. Even professionals, trained in empathy, sometimes experience this frustration. They can try to relate as counselors or adult friends, but the teens themselves already are grounded in their own peer groups for friendship, support, and daily interaction. Peers are usually the *first* to hear of suicidal tendencies, physical or sexual abuse, teen pregnancies, and alcohol or other drug-related problems. Moreover, crises often occur outside of regular school hours when adult professional helpers are not easily accessible, so teens end up going to other teens for help.

In a positive way, peer helper programs exploit the advantages of difficult situations while trying to minimize the disadvantages. Specially selected students from sixth through 12th grade who care about others are trained in communication skills—primarily listening—as well as alcohol and other drug-related issues, including when and how to make referrals to adult professionals. Rather than being "advice givers" or "problem solvers," these peer helpers learn how to encourage self-exploration, problem solving, and decision making in others. When appropriate, they provide AODA information and alternatives to alcohol and other drug use. The value of having an "on-site," trained, and caring person present when a student

confronts complex problems is enormous. When that caring person is also a peer, sharing the same experiences and problems, the help is apt to be even more effective.

Critics of these programs consider placing teens in helping positions dangerous both to the helpers and to those being helped. They fear that helpers may become overly involved in others' problems or that students will go to peers rather than adults when they have serious problems. This is why training and the adult supervisors' guidance and ongoing support are essential. Peer helpers receive specific instruction on how to take care of themselves, how to empathize, and how to refer students to outside help. These programs are not intended to replace professional services; they should be viewed as adjuncts, not alternatives. In fact, teens who might not otherwise be reached will be directed toward professional help through referral and support from their peers. An important link is thus created between students in need and available help in the school and community.

The "peer" part of the title is not always entirely accurate, for participants in peer helper programs often work with elementary school children, the elderly, and community organizations. Most peer helpers are teens or preteens, but modified programs have been implemented in elementary grades, where children are trained to help new students.

Because of the frequent need to make referrals at all levels, peer helper programs could benefit by being linked to a Student Assistance Program. In fact, they cannot really be implemented until a system of referral is in place.

No mandated reporting laws apply to peer helpers as they do to school staff (who must report, for example, suspected physical abuse or neglect). Consequently, it is crucial that the training and program policies include definite procedures for reporting suspected abuse and life-threatening behavior. In addition, helpers are taught to seek adult advice whenever they become concerned or upset by things they hear from their peers.

Special Selection Needs. Some schools conduct a survey of all students in order to solicit the names of "natural helpers"—that is, students who are already helping others. Two simple questions can be asked.

- Among the student body, who would you go to for help if you had a problem?
- Would that person keep the information confidential?

Recruitment, however, should not be limited to such surveys, which may fail to locate, for example, students with a strong need to "belong." Yet these are the very ones who could be most valuable as peer helpers to others who have problems with "belonging." This is but one example of the benefits of having a cross-section of students, and AODA staff should be on the lookout for various kinds of recruits—those who have specified a career interest in the helping professions, those who are known by staff to be the students others go to for help, those who have had problems and solved them, and so forth. For a sample form that can be used to interview prospective participants, see Appendix F.

Special Training Needs. Peer helpers should receive specialized training in these areas.

- Listening skills, the foundation of peer helping
- Confidentiality and when to contact an adult
- Signs of depression, suicide, child abuse and neglect, and what actions to take in response
- Family change issues, including divorce, moving, live-ins, and blended families
- Grief and loss, including nondeath losses
- Sexuality issues, including relationships, teen pregnancy, gender roles, and sexual abuse
- How to hear pain and sadness and then "let go" (detach for self-preservation)
- Group cohesiveness, support, and validation
- The importance of recognizing their limitations, having realistic expectations, and knowing their role (not to "fix" problems but to aid healing by listening)

Special Activities. These suggestions for activities are oriented both toward prevention and intervention.

- Linking peer helpers with others through guidance counselors. Sometimes students can benefit from talking with someone their own age who is familiar with a certain problem. For example, someone who could profit by joining a concerned persons group might talk with a peer already in the group, or a student who has lost a parent could meet with a peer who has experienced a similar loss. In these cases the guidance staff would match students with the appropriate peer helpers. Special education students and students in crisis also could be linked with helpers as an adjunctive support to professional adult services.
- Assisting fellow students on their own. Peer helpers can use the good listening and communication skills they have learned in training when they talk to friends and acquaintances in everyday

life. Often these skills will naturally attract students to them as helpers. Thus, informal listening occurs in school hallways, classrooms, and cafeterias as well as at school activities, homes, and other places in the community.

- Assisting with orientation programs for new students. If these programs are formal, as in high schools that have one-day sessions for incoming freshmen, peer helpers can make presentations or lead small group discussions as part of the orientation schedule. They also may assist with tours of the school for incoming freshmen or new middle school students and their parents. Guidance counselors may assign a peer helper to each new transfer student as a "first friend" to give a tour of the school, eat lunch together, exchange phone numbers, listen to concerns and fears, help deal with losses associated with moving to a new school, and introduce him or her to other students.
- Visiting support groups. Peer helpers may be scheduled as guests at various support groups to tell of their own experiences, share their coping skills, and show other students that people can survive difficult situations.
- Being friends to younger children. Advisors and counselors may assign high school or middle school helpers to act as mentors to younger students who need the attention of an older person in their lives. The helpers may be asked to tutor or simply participate with them in such activities as bowling, skating, baking cookies, playing games, or just talking.
- Participating in community projects. These may include "adopting a grandparent" as part of a program for home-bound elderly patients, helping collect clothes for a family whose home has burned, assisting at a community center for the elderly, visiting hospitals, giving community presentations on concerns of adolescents or issues related to alcohol and other drugs, and serving on committees such as a community AODA task force or a community center committee.
- Tutoring peers. Though seemingly not specific to alcohol and other drug abuse, this is a prevention activity that enhances the self-worth of the tutor and the person being tutored. Since students with academic expertise are being linked with students having academic difficulties, a screening process is needed to select appropriately capable tutors. The improvement of academic performance is often coupled with education in alcohol and other drugs as the peer helper responds to other topics of discussion brought up by the student.
- Sponsoring weekend retreats for self-awareness and growth. These usually are conducted in comfortable settings such as at camps or conference centers, and may include groups from other schools. The purpose is to help students feel connected and have a sense of belonging while at the same time exploring issues teens face, learning about themselves and each other in a safe place, and having fun without the use of alcohol or other drugs.
- Publishing a newsletter for other teens regarding teen issues. This could include articles, poetry, and inspirations by peer helpers or others and could be distributed among the helpers alone or among all teens in the school.
- Networking within the peer helper group. It is important for peer helpers to continue to have fun as a group by spending time together in such activities as sponsoring school dances, going on trips (for example, skiing or sledding), bowling parties, progressive dinners (each course served at a different home), baking cookies, make-your-own-pizza parties, and so forth. These may include a helping element. For example, at one sponsored dance, peer helpers watched for people who seemed to be left out and talked with them or asked them to dance. The primary purpose of these activities, however, is having fun and promoting group cohesiveness.
- Other activities. These might include clowning for elementary school children or supervising the school's sickroom to listen to and possibly identify students in need of support. Students should be encouraged to develop their own creative and innovative activities for helping others. The sections that follow on peer educators and peer leaders may provide further ideas as well.

Peer Educators

Similar to peer helpers in that they are teens interested in service to others, peer educators specialize in going into the classroom to teach students about AODA-related issues, communication and coping skills, and other related personal development topics. Performing a unique and important function in the classroom, peer educators

- serve as role models,
- communicate the belief that drug use is unacceptable,
- give suggestions for alternatives to using alcohol and other drugs,
- show that they value good health and wellness,
- teach peer refusal skills by citing real-life situations,

- supply information on "what it's really like," and
- provide experiential education aimed at changing behavior, not just giving information.

Some special issues should be considered when implementing a peer education program. Since some activities include students from more than one school in the district, as in cross-age peer education, the district administrator needs to be actively involved. In addition, these programs should be linked with a strong classroom curriculum in AODA-related problems. The cooperation and involvement of classroom teachers is vital. They need to have realistic expectations and need to be prepared to provide follow-up classroom activities and information if necessary. Gathering evaluation data from the peer educators, classroom teachers, and students receiving the instruction is important.

Special Selection Needs. Peer educators often give a younger perspective than adult teachers and act as role models for the younger students. For this reason, those selected for the program should represent a cross-section of all types of students, not just the super-intelligent, popular, or highly gifted. Younger students need people they can relate to and feel they can really emulate.

SAP staff interviewers should be looking for students with confidence and communication skills who are willing to speak before whole classrooms of students or lead small group discussions. The sample interviewing form for peer helpers (Appendix F) can be adapted to this program by including questions that solicit the student's views on teaching and what makes a good teacher.

Special Training Needs. Peer educators often need additional training in the following areas:
- basic teaching and curriculum delivery skills,
- discussion-leading skills,
- understanding the developmental skills of the grade level they will be instructing,
- classroom observation,
- specific information relating to the topic of instruction,
- developing lesson plans, and
- dealing with problem questions and situations.

Some schools have the peer educators spend one semester learning teaching skills and the necessary information prior to actually teaching. A professionally written curriculum designed for use by peer educators is recommended. Any number of lessons can be taught, but one-session programs have not been found effective.

Special Activities. These are some special activities in which peer educators can become involved.
- Cross-age peer education activities. These involve high school peer educators going to middle and elementary schools to present instructional programs such as the five described here.
- Presentations to transitioning students. Peer educators help students adjust to leaving the lower-level grades and beginning a new phase of education and life. Presentations may address ways to deal with change and loss, how to cope with problems that may occur, and "what to really expect." Methods include small group discussions and noncompetitive games.
- Classroom presentations on alcohol and other drugs. Topics may include peer refusal skills, what to expect from peer pressure and how to deal with it, how to get help when difficult situations occur, and examples of how to have fun without using alcohol or other drugs. It is important for peer educators to be honest, since young children are sensitive to insincerity. Although personal experiences of the peers are valuable, additional training and screening should be conducted to make sure these experiences will not be upsetting to the young children, their teachers, or the presenters.
- Antivandalism groups. Students give presentations that address the relationship of alcohol and other drug abuse to vandalism and violence in general.
- Plays, skits, and puppet shows. Produced by peer educators, these may be original, written by a student or students inside or outside the peer program. The content, however, should deal with AODA concerns. Presentations may be followed by small group or class discussions.
- General presentations. Rather than being one-time events, these should be part of a series and may involve such topics as wellness, growing up, coping with problems, dealing with families, and alcohol and other drug abuse prevention. (Programs also may be presented to adults in the community.)
- Classroom presentations in their own schools. Peer educators may give awareness presentations on the Student Assistance Program and AODA prevention activities. To begin or continue a peer program, students may make announcements in classrooms as a way of informing other students of its existence as well as recruiting new participants. Some peer educators have gone to the homerooms of incoming freshmen to present a weekly session on communication, decision mak-

ing, orientation into high school, and other concerns.

- Networking within the peer educator group. As with all peer programs, having fun and promoting group cohesiveness are essential and can be achieved through various activities (see also "Networking within the peer helper group").

Peer Leaders

A peer leadership program involves selecting students who are natural leaders, training them in basic leadership and peer program skills with an emphasis on group cohesiveness and team building, and then encouraging them to develop activities for bettering their school. Participants look at problems in their school and community—alcohol and other drug abuse, vandalism, and so forth—and then develop and implement plans of action for improvement.

The basic principle operating here is the peer influence of student leaders promoting positive activities. An advantage over other peer programs is that it involves more students than can be trained, thereby extending the influence of AODA programs into the school and community through the peer leaders. Students feel pride and ownership in their school, the school climate improves, and social bonding becomes stronger.

Special Selection Needs. This program needs natural leaders, who may be referred by staff and students. In addition to students such as class presidents, peer leaders may be students who do not hold formal leadership positions but who still attract others.

Special Training Needs. Students in peer leadership programs need special training and information in a number of areas.

- Positive leadership and peer influence
- Alcohol and other drug abuse information
- Team building and group cohesiveness
- Problem-solving, decision-making, and conflict-resolution skills
- Project-planning and implementation skills

Peer leaders usually spend part of the training time planning projects by first brainstorming about needs and problems in the school, then sharing ideas for meaningful solutions and activities, and finally selecting those they would like to work on. They plan every area of the projects, including assigning roles and responsibilities, establishing timelines, and developing ways to involve other students. Organized supervision and support by adults is necessary to keep this program going.

Special Activities. Peer leaders can develop a number of activities that will help further program goals.

- Hosting lyceum speakers. Peer leaders make decisions about which speakers on AODA-related issues they feel students would most benefit from. They also assist in planning, advertising the program, and making introductions.
- Sponsoring special school projects. These include decorating schools for holidays, decorating lockers on birthdays, sponsoring special days promoting friendship, sponsoring fun nights for students and parents, and special assignments such as speaking at school information nights about AODA-related issues or the Student Assistance Program. In short, any activity that helps improve the school climate is suitable.
- Participating in community projects. These may include giving presentations on adolescent or AODA issues and concerns, and serving on committees such as the local AODA task force or a community center committee.
- Sponsoring weekend retreats for self-awareness and growth. Groups from other schools as well as students from the community may attend such retreats. Their purpose is to help students feel connected and have a sense of belonging while exploring issues teens face, learning about themselves and each other in a safe place, and having fun without the use of alcohol or other drugs.
- Publishing a newsletter for other teens regarding teen issues. This might include articles, poetry and fiction, and inspirations by others as well as by the peer leaders themselves. It provides a place for students to share their experiences and creative skills with others.
- Networking within the peer leader group. As with all peer programs, having fun and promoting group cohesiveness are essential and can be achieved through various activities (see "Networking within the peer helper group").

Special Peer Program Implementation Issues

Obtaining Administrative and Staff Support

It is most important for those implementing peer programs to secure administrative support

soon after the idea is conceived. People often become aware of peer programs at workshops or from magazine or journal articles, recognize their value in helping young people, and share the ideas with others, thus generating more interest. Before proceeding further, however, they need to seek administrative involvement.

In addition, school staff members need to be informed of the idea, the focus, the goals, and the progress of implementing the program, either through a faculty meeting, newsletters, or handouts. The community also should be encouraged, through correspondence or the news media, to support the program.

Forming an Advisory Committee

An existing advisory committee, such as the AODA Advisory Committee, could take on this project since it logically would follow the implementation of a Student Assistance Program in the case of peer helpers or AODA curriculum in the case of peer educators. This committee should be composed of both school and community people: administrators, parents, students, teachers, counselors, possibly a 51.42 board representative or CESA representative, and other interested people from all walks of life. As with any school committee, its makeup should mirror the diversity of the local community in terms of race, sex, and disability.

The committee is responsible for performing these tasks, in the following sequence.

- Obtain information, perhaps sending people to observe other programs.
- Design a program based on the characteristics and particular needs of the school and community. This includes determining specific goals and focus—peer helping, peer education, peer leadership, or a combination.
- Define the mechanics of operation, including procedures for recruiting and selecting students and for delegating roles and responsibilities.
- Determine the budget and funding for the program.
- Decide on the number of advisors as well as how to select, pay, and train them.
- Establish a timeline.
- Determine the particulars of training: needs, agendas, location, length, who will do the training, and how it can be made ongoing.
- Address issues of parent notification, parent permission, and parent support.
- Determine evaluation instruments.
- Plan publicity.
- Develop strategies to ensure support of the program and the students in it.

Selecting Adult Advisors

Adult advisors are guides and facilitators. They supervise the activities and ongoing training and are responsible for ensuring that the student participants have continued and consistent support. They can be teachers, pupil services staff, or others interested in helping students. Those who make the selections should keep in mind that good adult advisors are people who

- are accepting of and comfortable with common teen conduct, including highly active behavior.
- have confidence in the ability of young people to be caring, innovative, creative, and responsible.
- are nonjudgmental and are willing to listen to candid feelings about adults and life in general while at the same time setting limits for appropriate behavior and maintaining safety of all in the group.
- are sensitive to teen issues and the traditions and culture of the community and school.
- are trusted by teens to follow through when a student in the program asks for help in a difficult situation.
- know when to give teens control over their own activities and when to intervene.
- understand group dynamics and are attuned to the feelings of individual students and of the group as a whole.
- have had training in group facilitation,AODA prevention and intervention, and other issues relating to teens.
- are aware of AODA-related issues in their own lives.
- know their own limits of time and energy and provide clear direction in these areas for the students.
- are respected by students and adults in the school and community.
- perform the most important function of modeling the behavior of self-care and personal well-being that they wish to promote in the students.
- have a sense of humor and the ability to have fun.

Evaluating the Program

Evaluation is vital for the ongoing support, improvement, and maintenance of any program.

Each individual activity needs to be assessed in some way for accountability and outcome. This can be done through questionnaires distributed to participants and by keeping records of activities, results, and reactions. One school, for example, found that participants in peer programs significantly increased their grade-point averages after one year in the group (when compared with a control group of students of similar age, gender, and base-line grade-point average).

Other evaluation strategies include keeping track of the number of contacts and projects of program participants and conducting pre- and post-tests of self-esteem, coping skills, and attitudes toward alcohol and other drug use. Elementary school children in peer education programs, for example, might be evaluated through questionnaires appropriate to their age level immediately following the program and then six months or a year later.

Maintaining the Program

Maintenance strategies to ensure the longevity, consistency, and vitality of programs might include the following:

- ongoing training
- regular meetings for support and sharing
- evaluation of effectiveness, including activities, participants, and the program as a whole
- regular publicity to staff, students, and community through presentations, attendance at school and community meetings, and the news media
- workshops, conferences, retreats, and meetings outside the school where students from various communities and programs come together for sharing and inspiration
- defined, consistent structure and policies to assure the students of ongoing activities
- a variety of activities to ensure continued interest
- ongoing administrative support, validation, and involvement
- recognition and reinforcement of successful and exemplary activities through awards or celebrations

Some Cautions

Adults should be realistic about their expectations concerning the student participants, who are young and do not have the expertise or education of trained professionals. Moreover, these programs standing alone will not be entirely effective, for they will lack the referral resources and information base necessary for their success. That is why they must be part of a comprehensive K-12 AODA program that includes a Student Assistance Program and an extensive AODA curriculum. Finally, special care should be taken if students become overly involved with others in upsetting situations. Participants need to feel confident about reaching out to a trusting and trustworthy adult—another reason for the importance of having competent adult supervisors.

Clubs and Activities

Unlike peer programs, the extracurricular clubs and activities listed in this section require no special training or selection process—they are open to all interested students. Again, all these projects must be part of a comprehensive K-12 AODA program. Standing alone, they cannot be expected to have a significant effect on AODA-related problems.

The AODA Advisory Committee can initiate, support, and coordinate these projects as well as procure administrative approval when necessary. Good programs empower people and can be prevention oriented when students are involved in the planning, implementation, and evaluation. The committee needs to find adult advisors who are sensitive, understand teen development and teen issues, and have been trained in AODA issues and group facilitation. It is important to notify the students and community of these programs through posters, school and community correspondence, and the news media.

The following are just a few examples of the many clubs and activities available.

Students Against Driving Drunk (SADD). This is a student group that promotes the nonuse of alcohol by teens and by parents while driving. A major component is the "contract for life": teens and their parents agree in writing to call for help or transportation if ever in a situation where the student or driver has been drinking. Students meet regularly as a school club or organization and may elect officers. They sponsor activities promoting the prevention of drunken driving by putting posters in stores, restaurants, and taverns; giving presentations in the community; arranging for

speakers at assemblies; and giving speeches to younger children in middle and elementary schools to encourage early commitment to prevention.

Just Say No clubs. These are elementary and junior high school clubs promoting the nonuse of alcohol and other drugs among young people. Members receive AODA information as well as some training in how to say no, how to have fun without using alcohol or other drugs, and how to support each other's nonuse. Meeting during and after school, they often sponsor drug-free activities for the club or the entire school. Advisors should have additional training in refusal skills.

Lock-ins; Project Graduation. Parents, students, AODA task forces, or other community groups plan an overnight for students where alternative drug-free activities are provided, usually from 9 p.m. until 7 a.m. the following morning. Students must have parental permission and are not allowed to arrive or leave after a certain time. Sometimes these programs have special themes, and money and prizes are donated by the community. Food also is provided. Activities may include volleyball, basketball, swimming, movies, and special games. The students are "locked in" to help prevent alcohol and other drug use. Sufficient supervision and administrative support are essential.

Adventure-based programs. Appealing to the need for adventure and risk-taking by some young people, these programs provide stimulating, and exciting activities as alternatives to alcohol and other drug use. Students build self-confidence and greater self-esteem as well as learn group problem solving and teamwork as they develop new skills and find new strengths. Canoeing, camping, mountain climbing, sailing, hiking, and creating/running obstacle courses are just some of the many possibilities.

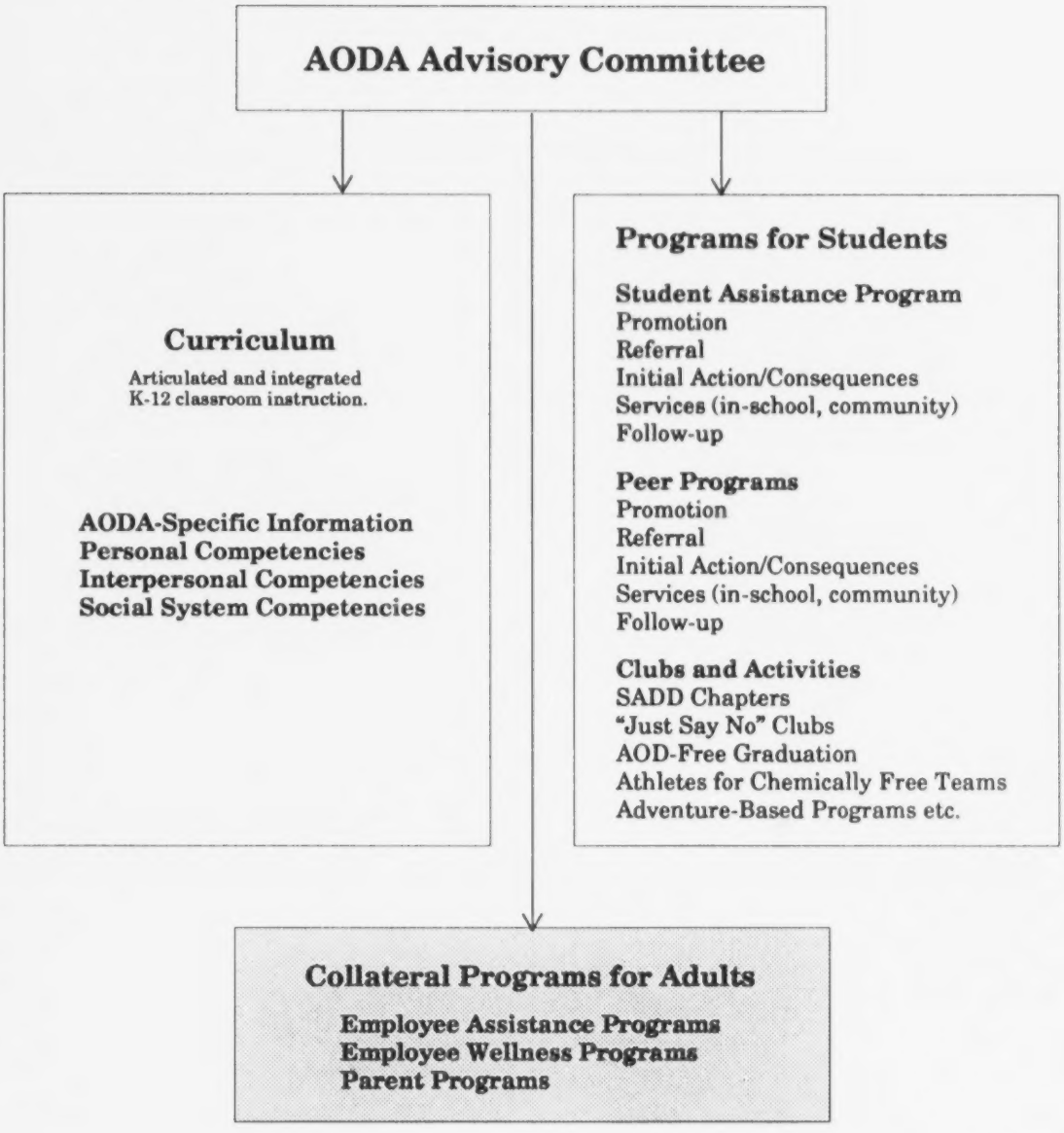
Mini-courses and wellness days. Lasting one day or all week long, these activities are offered by schools to promote individual well-being and fun without alcohol and other drugs. All students can participate in presentations by community volunteers and professionals involving such things as wellness, hobbies, noncompetitive games, AODA issues, and refusal skills.

Teen Institute and other weekend retreats. These should be held in a comfortable place away from school. Students from many social groups engage in prevention training, AODA education, and a variety of other activities (for example, noncompetitive games) that build trust, communication, self-esteem, and problem-solving ability as well as provide fun and recreation.

School climate teams. These groups sponsor positive school activities that build school spirit and community pride and thus prevent alcohol and other drug use by making the school a better place to be—more caring, nurturing, and personal. Possible activities include special days encouraging friendship, decorating lockers for birthdays, and special events that give students a sense of belonging and bonding within the school.

Athletes for chemically free teams. Surveys have shown that participation in athletics sometimes is associated with the increased use of some alcoholic beverages. Athletic codes were intended to discourage this use but often are not completely effective because of difficulties in reporting and in treating all athletes equitably. Much more is needed for athletics to promote healthy group activities, particularly since the pressure to compete can be intense. This problem is complicated by the mixed messages students receive through the media about professional athletes and AODA use. Chemically free teams are encouraged by educating coaches, individual students, and whole teams; by promoting team discussions and cohesiveness; and by having athletes sign contracts that commit them to the nonuse of alcohol and other drugs. Athletes and coaches can participate in specialized training sessions that focus on how to cope with the stress of competition, understand the role of athletics in one's life, and promote nonuse.

Collateral Programs for Adults 6



A truly comprehensive K-12 AODA program will include programs for adults, since they are an integral and significant part of the students' general environment. Working hand in hand with the Student Assistance Program and all the other AODA programs in the school, the Employee Assistance Program (EAP) and various employee wellness programs complete the coverage of all those "under the same roof" who might be affected by problems related to alcohol and other drugs. In addition, implementing some of the many available programs for parents allows AODA-related efforts to extend into the family and workplace, thereby strengthening the bond between school and community that is so important in the fight against alcohol and other drug abuse.

Employee Assistance Program (EAP)

Employee Assistance Programs were not "invented" as a result of ideology or abstract notions about prevention and intervention. Rather, they were discovered and then refined over a period of some 40 years through a commitment to common sense and practicality. Results were promising: people got what they needed, and they got well. Since an employee's personal issues can affect not only their job performance but that of other employees, addressing these issues makes perfect sense. Businesses with EAPs experience measurable returns on their investments through reduced absenteeism, improved performance, and fewer medical claims. The personal benefits to employees are even greater as the programs promote physical and emotional health and the recognition that having problems and seeking help for them is normal. Assistance comes in many forms and with various degrees of urgency. Sometimes it simply means information: where to get day care for a child, homemaker help for an ailing parent, or assistance with problems in such areas as legal and financial matters, marital and parent-child relationships, and use and abuse of alcohol and other drugs. At other times assistance means specific referrals to service agencies in the community as a result of, for example, an impending divorce or a serious drinking problem in the family.

Several factors contribute to the success of EAPs. First is the realization that support must come from the top management as well as from other levels. Second, EAPs are founded on enlightened policies that publicly recognize both the existence of AODA problems and the fact that chemical dependency is an illness. Most importantly, these policies explicitly declare that no one will be punished for having problems. EAP policies are, more than anything else, offers of help.

Moreover, in recognizing that "counseling" is incompatible with "supervising," the policies insist on the clarification of two roles: the *supervisor* develops clear standards of job performance, enforces them, and, when necessary, offers employees help by referring them to the EAP; the *referral/resource coordinator* functions as part of the EAP and must be an employee who is not a supervisor. This means that the single criterion by which supervisors can identify and refer an employee is job performance only. They are not to look for or diagnose "alcoholism" or any other behavioral/medical problem. Actually, by looking for patterns of unsatisfactory performance, they are, in fact, engaging in successful intervention, because such signs become apparent much sooner than the more obvious symptoms of alcoholism. The earliest identification, of course, occurs when the employee self-refers into the program.

The focus of an EAP, however, is not narrowly "local," zeroing in on the individual employee with AODA-related problems. It offers a "global" response to the mutually shared tragedies caused by AODA-related problems as they affect employers, other employees, and their families. A change in the working environment is seen as the most productive way to effect change in the individual employee. Thus, a key to the success of EAPs is that they examine those factors that unwittingly cause employee problems to be ignored, unidentified, and untreated—a process recognized today as enabling.

There are two kinds of EAPs: those that include resource coordinators, trained in listening and referral skills; and those where the supervisor is responsible for referring employees having job difficulties to outside agencies for assessment. Both kinds require a steering committee that implements the program, maintains it, and evaluates its effectiveness. In addition, both may offer other activities, including "brown bag seminars" for employees on such topics as grieving, the problems of single-parent families, the effect of exercise on emotional and physical health, and how to deal with stress.

Training is crucial in three areas. First, all supervisory and management staff should be oriented to the principles of early identification (as

manifested in job performance) and to the procedures for making referrals to EAP resource staff. They also are taught how to communicate to an employee their concerns about impaired performance and how to refer him or her to assistance while also taking whatever disciplinary action is necessary. Second, resource coordinators need training in interviewing skills, EAP procedures, the nature of various behavioral/medical problems, and the availability of resources in the local community. Third, employees and their families should be oriented to the program via staff meetings and mailed announcements.

Implementation for Schools

These are steps to follow when implementing employee assistance programs in schools.

- Develop an advisory committee that includes representatives from all staff positions: cooks, secretaries, maintenance workers, teachers, counselors, supervisors, and so forth. These have to be caring, interested people.
- Appoint an EAP director or lead coordinator responsible for calling meetings, setting agendas, and delegating responsibilities. This could be the same person who coordinates the Student Assistance Program. Ideally, a percentage of a staff member's contract is allocated to this position.
- Develop program policies and procedures. Sample policies from other school districts that have implemented EAPs may be helpful. Policies need to state clearly the school's position concerning troubled employees, describe the recommended procedures for confronting an employee with job performance problems, and clarify the supervisor's role in the program. (EAPs can be a common ground for union and management, since both are concerned with helping employees.) Also, policies and procedures must be consistent with those of the Student Assistance Program. Indeed, the procedures for confronting students with performance difficulties and encouraging them to seek referral resources are comparable to those for confronting and referring adults on the staff.
- Seek school board approval, which involves making a presentation of the proposed program, its policies and procedures, required training, and time involved. Ideally, a representative from the school board sits on the planning committee. The school board must approve all policies as well as expenditures for training, consultation, substitutes for release time, publicity materials, and so forth.
- Nominate potential resource coordinators, if the program is designed to have them. The best way to do this is through peer nominations, where staff members are asked to identify those co-workers whom they would feel comfortable talking to about personal problems or asking for information on available resources. A survey of all staff can be conducted, based on two questions.
  - Which staff members would you go to if you needed to talk about personal concerns or feelings?
  - Would this person keep what you had said confidential?
- Train the contact people. Resource coordinators should be trained in
  - interviewing and listening skills,
  - knowledge of local community resources,
  - knowledge of the roles, responsibilities, and procedures of an EAP,
  - understanding the role of confidentiality, and
  - information on alcohol and other drug abuse and other problem areas.
- Training of supervisory personnel, should help them acquire
  - an understanding of EAP objectives,
  - knowledge of program policies and procedures,
  - alcohol and other drug abuse information,
  - an appreciation of the kinds of job performance difficulties that may be influenced by personal problems,
  - procedures for determining when and how to refer, and
  - practice in communicating caring and concern while confronting an employee with work performance problems.
- If there are no resource coordinators in the program, members of the steering committee should be trained in knowledge of program activities that will promote and maintain the continuity of the EAP.

All training needs to be linked with SAP training in order to avoid duplication and inconsistencies. Resource coordinators and supervisors could receive core group training in alcohol and other drug issues followed by specialized training for EAPs.

- Inform employees and their families of the program, including the names of resource coordinators and information on how to self-refer and refer another employee. This can be done via written materials (brochures, posters) and informational inservices. Information on both the EAP and SAP may be distributed at the same time.

• Evaluate and maintain the program using these devices and techniques.

— Regular meetings of the steering committee and/or resource coordinators
— Information gathering (while respecting confidentiality) through keeping records of the number of employees contacting resource coordinators and the number of referrals by supervisors
— Newsletters providing information on the program, on ways to deal with specific problems, on wellness activities and strategies, and on community resources available, including mental health centers, support groups, and county services
— Ongoing training sessions and seminars on alcohol and other drug abuse, related mental health problems, coping skills, the meaning of confidentiality, prevention strategies, helping resources, and so forth
— Yearly updates to the school board on program activities as well as how the program was utilized by employees
— Activities that improve the school climate: promotion of informal support networks, sending cards and flowers to employees in crisis, validation and affirmation of personal and professional staff successes, exercise programs for emotional and physical health, support groups for staff members, and so forth.

Special EAP Implementation Issues

As with the Student Assistance Program, it is important to have a liaison with out-of-school service agencies for the purpose of making suitable referrals. In fact, the liaison could be the same for both programs. Many employers have formal arrangements with local hospitals or drug treatment centers that provide assessment, referral, counseling, and follow-up for all employees. Some mental health care agencies develop programs specifically for local employers.

Each Employee Assistance Program should meet the particular needs of and conform to the character and customs of the individual school district. For example, rural communities usually have fewer and more generic resources and less anonymity than urban communities. Some areas may have strong biases against going outside the family for help. EAP advisory committees should examine and analyze their own communities in order to devise the most appropriate program, unique to their area.

Employee Wellness Programs

Introduction

School wellness programs are prevention programs for many kinds of health-related problems, including alcohol and other drug abuse. The immediate goal is to improve staff morale, productivity, and school climate in each building by fostering wellness.

Wellness programs are for all staff members, including administrators, teachers, and others at all levels from kindergarten through 12th grade. School staff members are role models for students, and the impact of modeling good emotional and physical health cannot be ignored as a prevention for alcohol and other drug abuse. Thus these are true collateral programs for adults that help adults with the definite effect of helping students. Health promotion programs for staff members are the number one predictor for successful health education programs in schools, with the number two predictor being the health-related behavior of the building principal.

Wellness is a multifaceted approach in the area of prevention. It takes many forms and addresses many needs from physiological to spiritual, and it emphasizes what can be done to make people feel better without the use of alcohol or other drugs. Wellness takes in the whole person, including physical, emotional, social, and in some cases spiritual aspects. Wellness includes the dimensions of exercise, nutrition, stress reduction, and health/safety awareness. Many of these dimensions involve the realm of alcohol and other drug abuse prevention and intervention.

A wellness program involves some form of organized effort to promote good health among the staff. One inservice or program cannot be considered a wellness program, but an organized effort with a leadership team and an action plan is effective. These programs can start small and expand to include other activities. Activities include staff groups exercising after school, a health information center, and inservices for staff in stress-reduction strategies or alcohol and other drug abuse.

The program depends on the size and characteristics of the school system. It also will include outreach to the people and resources of the community. The program needs to be continuing and dynamic, including activities and evaluation. Programs often need to renew themselves through

evaluation, new surveys, and motivational speakers.

A wellness program is indeed a program for self-care. We want students to take care of themselves. One of the best ways to do this is through modelling of self-care by school staff. Both groups benefit. The concerns for wellness are cross-generational. They are shared by all people throughout their lifespans.

Implementation

The first step in implementing an employee wellness program is obtaining administrative support. This is followed by the formation of a wellness team: administrators, teachers, and other staff members, including representatives from health and physical education, coaches, and medical personnel. The group needs to look at staff interest through a survey. The areas of interest may be stress reduction, smoking cessation, weight loss, aerobic exercise, or emotional wellness. Family members also may be involved. The group needs to look at available facilities such as weight rooms, swimming pools, or others. They need to look at people resources such as dancers, runners, experts in guided imagery or stress reduction. People who are trained in facilitating groups for Student Assistance Programs could facilitate support groups for staff members relating to support and renewal, professionally and personally. A wellness program can be linked to an Employee Assistance Program with the same committee working on the wellness program.

In addition to special programs for staff members, the wellness team also needs to look at the school environment. All Wisconsin schools are required by law to be smoke free for staff as well as students. Others have vending machines for juice and healthy snacks, and a salad bar in the lunch room for staff and students. The safety of the school needs to be considered. Community resources need to be explored, including health care providers and others.

The most beneficial programs help each individual look at his or her own needs. This can be done through health-related surveys with each staff person setting personal goals and developing a plan of action for reaching them. These individual activities could be part of an initial inservice with an expert outside the school for motivation and introduction to the program.

The program needs to be voluntary, since this is a program for empowering people to take charge of their own personal health and help people make informed choices. The program needs to include information, support, and activities for fitness and emotional growth, with realistic expectations for change.

For the individual, the program cycle includes screening, assessment, goal setting, activities, feedback, and re-assessment. The screening process could include the help of medical personnel and is for the purpose of eliminating people with histories of health problems that may not be appropriate for certain fitness programs.

Assessment includes each person taking a wellness test that looks at physical, social, emotional, and spiritual health. This questionnaire may look at alcohol and other drug use and abuse, physical fitness, weight, eating habits, stress levels, safety, relationships, and life satisfaction. The results must be confidential and are for each person's information and awareness.

Goal setting looks at determining which health concerns are important to each person. One goal is selected by each individual and action plans for reaching the goals are set. Goal setting and staff support are crucial elements in the wellness program concept.

Activities may include exercise, lectures on topics such as alcohol and other drug abuse, support groups, or other informational activities. Groups for support and sharing interests, both formal and informal are important. These groups can provide positive feedback for individual efforts and accomplishments.

Re-assessment includes participants reviewing their goals and action plans, determining progress, setting new goals, and repeating or starting new activities. Evaluation may include keeping records of activities, number of participants, pre- and post-tests, absenteeism, subjective comments, and observations.

Other activities may include a wellness week with posters, nutritional meals, and special speakers (possibly both staff members and students). There also may be a wellness-at-the-worksite newsletter with information on activities and special problem areas. Publicity is important in making the staff and community aware of program activities.

Initially the impact may be on individuals, but in time it will be felt by the entire school in renewed spirit and morale. Schools need to recognize that 10 percent of the adult population is alcoholic, and this applies to school staff. As caregivers to children, school staff members need

to give care to themselves and model healthy lifestyles for their students. They need to provide a supportive network for each other at all times throughout the year.

Parent Programs

Parent programs focus on parents and their needs. Parents must gain an understanding of the problems of alcohol and other drug abuse and an awareness of strategies they can use to help their children and themselves.

Parents need knowledge, support, and advocates. They need to be accepted, affirmed, and valued, and they need to have a place to express their feelings. They need to feel they have power over decisions that are affecting their children in the school and the community. They must feel free to express their views, even if these may differ from those of teachers, counselors, or administrators. They need to be accepted where they are at the present time, whether that is a place of denial, anger, hurt, or shame.

In times of crisis and social change, parents sometimes require more than family support. They want to be part of a larger support system that includes other parents, and they need to be connected to a community as a whole. The following programs are designed to address these needs.

Parent-to-Parent Networks

Parent-to-Parent Networks bring parents together and mobilize them as a group for positive change. These programs include forming support systems through finding common concerns and making decisions on ways to deal with concerns regarding alcohol and other drug abuse among young people.

Elizabeth Houghton, author of *Organizing Parents Into an Effective Prevention Network,* found three objectives for parent networking.

- Increase communication among parents.
- Offer opportunities to explore various parenting issues.
- Provide the support needed to confront unhealthy or inappropriate community attitudes regarding children and/or alcohol and other drugs.

Among steps to be taken to implement a parent network are

- developing a planning committee of parents with administrative input,
- writing and adopting a parent network agreement,
- presenting the network to the community, possibly with a dynamic speaker, and
- advertising and maintaining the program.

Parents may form peer groups in which they gain information about alcohol and other drug use among youth and help each other to develop consistent family and community rules. Parents whose children have been in treatment can act as support people to other parents with similar problems. Professionals may link parents trained in listening and problem areas with other parents with situations similar to theirs. Parents become realistic role models for each other.

In parent-to-parent programs, parents get to know each other by attending organizational meetings and by setting some guidelines for restrictions on their children. These restrictions may include curfews, not allowing them to attend unsupervised parties or those where alcohol is served, or not allowing teens to be unsupervised overnight.

Informational and Skill-Building Programs

Informational and skill-building programs can approach prevention or intervention in alcohol and other drug abuse in various ways. A parent program may use one of these approaches or a combination.

Child Development Programs. Understanding physical, social, emotional, and cognitive development in children at different ages helps parents have realistic expectations for their children, support academic success, and enhance family activities. Knowledge of what to realistically expect makes for healthy discipline guidelines and opportunities to increase feelings of self-worth.

Self-Esteem/Self-Worth Building Programs. These programs are for the purpose of increasing the self-esteem and self-worth of children and parents. To be effective, these programs cannot ignore the importance of cultural heritage. These programs foster respect, trust, and appreciation for the uniqueness of each individual. Studies have shown that parent role-modeling of healthy lifestyles and feelings of self-worth are more important to healthy choices of the use of alcohol and other drugs than the actual family structure.

Family Bonding Enhancement. These programs support the basic human need to have a sense of bonding, and they accomplish this by strengthening adult relationships within the family. They also discuss the need of all people for a sense of control in their lives and the ability to have an impact on their environment. These programs include discussions on family meetings, leisure activities, and play.

Spiritual Wellness. These programs deal with a sense of self-worth and wellness created by strong common family values and a shared spiritual or religious core. Research has shown that formal or informal belief in a sense of meaning in life strengthens families and helps them survive in times of stress.

Communication Skills. These programs can help break generational cycles of the effects of negative communication. Verbal and nonverbal communication and possession of strong skills in this area have been identified together by Dolores Curran (*Traits of a Healthy Family*) as the number one trait of healthy families. Skills include listening, "I" statements, assertiveness and negotiation skills, and how to communicate a no-use message to children. These skills are good for parenting and relationships in general.

Positive Discipline Skills. Inconsistent and/or overly severe discipline has been shown to be a risk factor for unhealthy behaviors, especially alcohol and other drug abuse (Hawkins, Catalano, 1988). It is important that discipline strategies are age and developmentally appropriate. A positive discipline program fosters a sense of responsibility, encourages completion of tasks, and helps create a sense of right and wrong within the family and community value system. These programs encourage bonding between all people through praise for successes.

Specific Information on AODA. Updated information is important. This information may include societal influences, peer pressure on adults and young people, progression of use, warning signs of AODA, effects of AODA on family members, and prevention and intervention. Alcohol and other drug use by parents and their attitudes toward use can be predictors of alcohol and other drug abuse in teens.

Resources and Referral Considerations. All families experience problems and stresses at some time. Healthy families seek help when necessary. These programs include information on local resources and give guidelines for when and how to seek help.

Family Interaction Programs

Family interaction programs involve family activities in schools for parents of elementary school through middle school children. The main objective is for a fun-filled experience for all members of the family—mothers, fathers, older and younger brothers and sisters. The program encourages parents to get to know the parents of their children's classmates.

There also are books and programs available dealing with activities for parents and young people to participate in together and ways to facilitate these activities. Some of these have centered around non-competitive games, picnics, and family and community celebrations focusing on family interaction activities. Family interaction is an important element in prevention of alcohol and other drug abuse.

Program Selection

Some general considerations regarding program selection are

- respect for diversity of family structures;
- focus on building a supportive and nurturing environment for all family members;
- manuals and workbooks with easily understood and useful information;
- curriculum geared toward adult learners;
- current and accurate information;
- the number and length of sessions meeting both parent and program needs;
- reasonable cost of implementation and continuation;
- importance on marketing and recruitment;
- a format that suits the content, goals, and expertise of the presenter, be it lecture, discussion, small groups, activities, visuals, or a combination of two or more of these;
- clearly stated objectives consistent with expected outcomes of parents, community values, and cultural/ethnic considerations; and
- parental involvement in planning and implementation to ensure empowerment as a key value.

Program Leaders

It is helpful for leader/facilitators to have the following qualities:

- energy, creativity, flexibility, commitment, and nonjudgmental nature
- group facilitator skills, ability to lead experiential activities, communication skills, teacher skills for adult learners addressing the three learning modalities of visual, auditory and kinesthetic
- public relations skills
- knowledge of family dynamics, child development, and topic-specific information
- ability to provide a safe, loving, nurturing environment.

Problems and Barriers

Parent programs have been affected by a lack of interest and a high drop-out rate, and they may reach only motivated parents and not those in need of help. Thus, programs for parents should encourage parent involvement in every way possible, including

- treating parents in a nonjudgmental and nonthreatening way,
- helping parents develop support networks and link with other parents,
- finding ways to appeal to all parents, not only high-risk parents,
- providing incentives and recognition for attendance,
- providing advocates for parents in need of decision-making assistance, and
- incorporating presentations by parents, such as those whose children have gone to treatment.

Appendixes 7

A. Checklist for Evaluating Current Drug-Use Policy

B. Review Sheet for Assessing if Policy Needs Updating

C. Student Feedback Form

D. Student Assistance Program Referral Form

E. Sample Screening Device

F. Peer Helper Interview Form

G. Legal Issues for Comprehensive AODA Programs in Wisconsin Schools

H. Wisconsin Statutes and Administrative Rules That Affect AODA Programs

I. Selected Resources

J. Comprehensive AODA Program Checklist

K. Glossary

Appendix A

Checklist for Evaluating Current Drug-Use Policy

Does the current policy ...	Yes	No
conform to state policy regulations?	❑	❑
stipulate "no-use" (i.e., there is no tolerance in policy for "responsible use")?	❑	❑
outline procedures for students suspected of using alcohol or other drugs?	❑	❑
outline procedures for students caught using alcohol or other drugs?	❑	❑
outline procedures for students caught selling?	❑	❑
provide consistent enforcement with no exceptions?	❑	❑
outline legal procedures for working with enforcement agencies and judicial authorities?	❑	❑
stipulate procedures for conducting searches and seizures?	❑	❑
guarantee confidentiality?	❑	❑
enumerate procedures for handling drug-related medical emergencies?	❑	❑
stipulate a comprehensive drug education program?	❑	❑
provide preservice and in-service training for staff?	❑	❑
provide drug counseling for students?	❑	❑
provide a structure for working directly with parents?	❑	❑
provide a structure for working directly with community groups?	❑	❑

Are the following groups aware of the current policy?	Yes	No
Students	❑	❑
Parents	❑	❑
Faculty	❑	❑
School support staff	❑	❑
Community groups	❑	❑

Adapted from: *Drug Free Schools and Children: A Primer for School Policymakers.* The American Council for Drug Education, 1990.

Review Sheet for Assessing if Policy Needs Updating

Expressed Support for the Policy	Yes	No
Students follow the policy as outlined in the student handbook.	❑	❑
Parents support the policy, as indicated by signed consent forms and participation in volunteer activities.	❑	❑
Faculty express support for the policy in their behavior and discussions atteachers' meetings.	❑	❑
Support staff endorse the policy, as indicated by their behavior and conversations.	❑	❑
Volunteers support the policy, as indicated by their participation in monitoring activities and help in completing paperwork.	❑	❑
Community groups (churches, businesses, services, fraternal organizations) support the policy, as indicated by their participation in sponsoring drug-related programs for students.	❑	❑
Legal liaison personnel demonstrate support for the policy, as indicated by their continued cooperation.	❑	❑
Therapeutic support groups in the community express support for the policy, as indicated by their continued participation in conducting treatment programs.	❑	❑
The atmosphere at the school appears to be centered on learning.	❑	❑
School spirit has improved.	❑	❑

Indicators of the Program's Success	Yes	No
The drug education curriculum is favorably received by teachers and students.	❑	❑
Students exposed to the drug education curriculum show knowledge gains, as evidenced by pre-test and post-test data.	❑	❑
Students exposed to the drug education curriculum show increasingly positive attitudes toward being drug-free, as evidenced by data from the attitudinal questionnaires.	❑	❑
The number of drug-related emergencies has decreased.	❑	❑

Indicators of the Program's Success (continued)	Yes	No
School attendance has improved, and tardiness has gone down.	❑	❑
Students' participation in school-sponsored functions and extracurricular activities has increased.	❑	❑
The dropout rate has declined (high school).	❑	❑
Test scores have improved (SAT, Iowa Test of Basic Skills).	❑	❑
The number of faculty requests for transfer or retirement has declined; the number of teachers requesting transfer to the school has increased.	❑	❑
Surveys report decreased use of alcohol and other drugs.	❑	❑

Additional Factors to Consider in Evaluating the Need for Changing the Policy	Yes	No
The costs of hiring staff for monitoring students' drug use are becoming prohibitive.	❑	❑
The costs of preservice and inservice training are placing a strain on the budget.	❑	❑
Staff do not have enough release time to meet the need to attend court and meet with parent and therapeutic groups.	❑	❑
The number of lawsuits filed by students and parents is increasing substantially.	❑	❑
A disproportionate amount of staff time is devoted to enforcement.	❑	❑
Annual needs assessment surveys have identified new areas of concern or patterns of abuse.	❑	❑

Adapted from: *Drug Free Schools and Children: A Primer for School Policymakers.* The American Council for Drug Education, 1990.

Student Feedback Form (following an SAP awareness presentation)

Grades 5-12

I would be interested in becoming part of the following group(s).

____ Chemical Awareness Group (information on alcohol and other drugs)

____ Concerned Persons Group (young people from homes where drinking or other drug use by family members is causing a problem)

____ Use/Abuse Group (dealing with problems arising from use and/or abuse of alcohol and other drugs)

I have checked the statement that best expresses my interest in the Student Assistance Program.

____ I am interested in learning more about the Student Assistance Program.

____ I am concerned about a friend of mine and would like to talk to someone in the Student Assistance Program about my concern.

____ At this time I am not interested in learning more about the Student Assistance Program.

I realize that a member of the Student Assistance Program staff will talk with me in private regarding my concerns or interest.

Name _____

Grade _____ Teacher _____

Appendix D

Student Assistance Program Referral Form

This form is to be used by the teacher or other school staff member wishing to refer a student, in confidence, to the Student Assistance Program. The signs and symptoms listed here are merely indicators, and the list is not all-inclusive. Furthermore, most apply to students who use alcohol and other drugs; not many apply to those who might become involved in an SAP because of a family member's use or abuse of alcohol or other drugs. Schools are urged to tailor such lists to their own particular needs.

Instructions for Referral

Complete this student referral form and give it to your Student Assistance Program contact person, _____, or place it in his/her mailbox in an envelope marked "confidential." Referrals should be based on behavior you have actually observed. Check those signs below that apply.

Behavior Assessment

Student _____ Grade _____ Date _____

Referred by _____

Class Performance

____ Drop in grades

____ Change in class participation

____ Inconsistent daily work

____ Inconsistent test grades

____ Failure to complete homework

School Attendance

____ Change in classroom attendance

____ Pattern of early morning tardiness

____ In-school nonattendance

____ Classroom tardiness

____ Frequenting nurse's office

____ Frequenting counselor's office

____ Truancy

Extracurricular Activities

____ Loss of eligibility in sports

____ Increasing noninvolvement in any activity

____ Dropping out

____ Not fulfilling responsibilities

Physical Symptoms

____ Staggering or stumbling

____ Smelling of alcohol or marijuana

____ Vomiting

____ Glassy, bloodshot eyes; dark glasses

____ Poor coordination

____ Slurred speech

____ Changes in appearance, weight

____ Sleeping in class

____ Physical injuries

____ Frequent physical complaints

____ Frequent bruises, bandages

Social Problems

____ Family problems

____ Runaway

____ Job problems

____ Peer problems

____ Difficulties with boyfriends and girlfriends

____ Parental resistance or lack of follow-through

Behavior—Disruptive

____ Defiance of rules; constant discipline

____ Irresponsibility; blaming; lying

____ Fighting

____ Cheating

____ Sudden outbursts; verbal abuse

____ Obscene language, gestures

____ Dramatic attention-getting

____ Constantly in wrong area

____ Extreme negativism

____ Hyperactivity; nervousness

____ Lack of motivation; apathy

____ Overly responsible behavior

Behavior—Criminal/Illegal

____ Selling drugs; exchanges of money

____ Possession of alcohol or other drugs

____ Involvement in thefts and assaults

____ Talking about involvement in illegal activities

____ Vandalism

____ Use of alcohol and other drugs

Behavior—Atypical

____ Talking freely about drug use

____ Erratic behavior change as viewed on a day-to-day basis

____ Dramatic change of friends—usually negative

____ Member of other-age social group

____ Hypersensitivity

____ Time disorientation

____ Inappropriate responses

____ Depression

____ Seeking adult advice without a specific problem

____ Defensive attitude

____ Withdrawn, secluded

____ Change in student/teacher rapport

____ Suicide attempt

____ Accidental overdose of drugs

____ Unexplained attitude change

Additional Information

I have spoken to the student regarding my concern.

____ Yes ____ No

I feel this student should be seen for a screening.

____ Yes ____ No

I would be willing to be involved in the screening.

____ Yes ____ No

You may share information on this form with the student.

____ Yes ____ No

I would like feedback from the counselor.

____ Yes ____ No

Comments

Please use the front and, if necessary, the back of this sheet for comments, including descriptions of any specific incidents.

Sample Screening Device

This device may be used by teachers, administrators, or counselors for preliminary interview of adolescents with suspected problems relating to alcohol and other drugs.

The first section contains suggested questions for gathering useful data and is meant to act as a guide—not as a format—for interviewing. Much of this information will be revealed if the interviewer asks students to list their problem areas or "biggest worries." From there, the following questions can be used to clarify.

General Questions

1. How do you feel about being here?
2. Do you have a job?
3. How do you get your spending money?
4. What do you want to be doing five years from now?
5. Where do you want to be five years from now?
6. In what way would you like to be different?
7. What would you like to have done differently in your life so far?
8. What do you like most about yourself?
9. What do you like least about yourself?
10. Do you have any serious health problems? Are you on any medication now?
11. Has anyone ever been upset or concerned with your alcohol or other drug use?
12. Are you concerned about the alcohol and other drug use of anyone in your family?
13. What have you been like to live with for the past six months? How do you feel about this?
14. What do you do for fun? What did you like to do two years ago?
15. What do you do that makes you feel good?
16. How do you get along with your peers? Have you changed peer groups in the past two years? (To provide a self-evaluation of peer relationships.)
17. Describe a person who has an alcohol or other drug abuse problem. What are they like?
18. Tell me about your friends. What kinds of things do you and your friends do? Are these the same friends you had two years ago?
19. When did you first use alcohol and other drugs? How old were you?
20. Have you ever smoked marijuana (or taken it in any other form)?
21. What over-the-counter drugs have you used, how much and for what reasons?
22. Have you ever used any drugs other than alcohol or marijuana?

23. When and how often do you use now?

24. Has the amount and frequency of your use changed from the time you first started? What would you consider normal use for someone your age?

25. Are you using more alcohol or other drugs now than you were, say, six months ago?

26. What are your reasons for using alcohol or other drugs?

27. Do you ever skip classes? (Check background information and confront it if necessary.)

28. Have you ever attended classes after using alcohol or other drugs? How often?

29. After consuming alcohol or other drugs, do you ever have periods of time that you cannot remember later? (To establish possibility of blackouts.)

30. Have you ever encountered difficulties as a result of your use? (To expose harmful consequences of use.)

    a. Have you ever had trouble with the police? If so, did you use just prior to the incident?

    b. Do you feel that your personality or behavior has changed? Have you ever participated in acts of violence?

    c. Have you had any trouble at home because of your use?

    d. Have you ever thought of just giving up? Have you ever thought of hurting yourself? (To explore possibility of feelings of guilt or depression.)

31. Have you ever thought about taking your own life?

32. Have you ever felt bad about your drinking or other drug-related behavior?

33. Does your personality change when you are under the influence of alcohol or other drugs? How would you describe yourself when you are using alcohol or other drugs?

34. Have you had any accidents or dangerous incidents involving yourself or others while you were high?

35. Have you ever attempted to stop using? If so, how many times, for how long?

36. Have you ever talked to anyone about these problems?

School Performance

The interviewer should get as much background information as possible about changes over the years in the following areas of the student's life.

- Grades
- Attendance
- Extracurricular activities
- General behavior
- Status within the school
- Self-evaluation of school performance

Peer Helper Interview Form

This form can help the interviewer develop a general description of and obtain important information about the prospective peer helper's qualifications for participation.

Data

Name of interviewer _____ Date _____

Name of student _____

Grade _____ Gender _____

Questions

1. Describe a typical day in your life.
2. Describe your family, past and present. Who do you presently live with?
3. What would you consider the three most stressful events in your whole life?
4. What are your feelings toward school and education in general?
5. Who are the three most significant and influential people in your life?
6. How have you helped people in the past in crisis and noncrisis situations?
7. In what ways do you take care of yourself and deal with stress or difficulties in your life?
8. What are your reasons for wanting to be a participant in a peer program?
9. What do you feel are important skills in helping others?
10. What does "trust" mean to you?
11. What personal qualities, strengths, or gifts can you bring to this program?
12. How do you go about making decisions?
13. How do you react when you're around people who express intense feelings of sadness, anger, or fear?
14. What are your feelings regarding alcohol and other drug use/abuse/dependency?

Assessment

After asking the preceding questions and observing the student's responses, to the best of your ability rank the student on the following qualities, with 1 being poor and 10 being excellent.

Ranking										
Ability to listen	1	2	3	4	5	6	7	8	9	10
Willingness to give support, encouragement, and appreciation to others	1	2	3	4	5	6	7	8	9	10
Ability to express real feelings openly, honestly, and appropriately	1	2	3	4	5	6	7	8	9	10
Willingness to help others make decisions without deciding for them	1	2	3	4	5	6	7	8	9	10
Sensitivity to others' feelings	1	2	3	4	5	6	7	8	9	10
Ability to trust and be trustworthy	1	2	3	4	5	6	7	8	9	10
Willingness to hear pain, sadness, and joy	1	2	3	4	5	6	7	8	9	10
Has strategies for maintaining good emotional and physical health	1	2	3	4	5	6	7	8	9	10

Total score

Comments and observations

Legal Issues for Comprehensive AODA Programs in Wisconsin Schools

Introduction

As school districts across the country struggle to provide services to students concerning the issue of alcohol and other drugs, they often encounter a myriad of confusing, seemingly conflicting statutes, federal regulations, and legal guidelines. School districts implementing a comprehensive AODA program must be aware of their limits and responsibilities when dealing with the issues of policy development, rights of students, and curriculum. School personnel participating in Student Assistance Programs struggle with the issues of confidentiality, parental notification, and referrals to outside agencies. By following some basic guidelines, school officials can develop comprehensive AODA programs that adequately serve troubled students and their families while minimizing the legal risk for the school district.

General AODA-Related Legal Issues

The following question-and-answer section discusses some AODA-related issues that have been addressed at the state or federal level.

1. What are the guidelines for involving law-enforcement authorities in school-related offenses?

In s. 118.257, Wis. Stats., Liability for Referral to Police:

- "controlled substances" has the meaning specified in s. 161.01(4).
- "distribute" has the meaning specified in s. 161.01(9).
- "pupil services professional" means a school counselor, school social worker, school psychologist or school nurse.
- "school" means a public, parochial or private school that provides an educational program for one or more grades between grades 1 and 12 and that is commonly known as an elementary school, middle school, junior high school, senior high school, or high school.

A school administrator, principal, pupil services professional, or teacher employed by a school board is not liable for referring a pupil to law-enforcement authorities or for removing a pupil from the school premises or from participation in a school-sponsored activity for suspicion of possession, distribution or consumption of an alcoholic beverage or controlled substance. (Chapter 331, Laws of 1979, Chapter 79, laws of 1981; 1983 Act 373; 1987 Act 170.)

2. How do court decisions regarding search and seizure affect schools?

The Fourth Amendment's protection against unreasonable searches by government officials applies to searches of students conducted by school administrators and teachers. Search-and-seizure issues have become more prominent in the schools as officials attempt to promote tough school disciplinary policies to limit student access to illicit drugs. Not surprisingly, questions about the parameters of constitutionally permissible searches abound.

School searches continue to be judged against the standards set by the benchmark case of *New Jersey v. T.L.O.*, 105 S.Ct. 733 (1985). In that case the high court established a two-pronged test requiring that searches by school officials (1) be justified at their inception, and (2) be reasonable in scope.

Schools may use the "reasonable suspicion" standard to establish that a search leading to possible student discipline was justified at its inception. Thus, a search is justified at its inception if there exists reasonable suspicion that a search will turn up evidence that a student has violated or is violating either the *law* or *school rules*.

It is important to note, however, that police involvement may raise the level of justification to one requiring "probable cause." This is especially true if the results of the search may lead to juvenile or criminal proceedings against the student.

To meet the second prong of the *T.L.O.* test, a search must be reasonable in its scope. This means that measures of the search must be reasonably related to the objectives of the search and not excessively intrusive in light of the age and sex of the student and the nature of the infraction. See also *Interest of L.L. v. Washington County Cir. Ct.*, 90 Wis. 2d 585 (Ct. App. 1979).

Courts have fairly consistently held that lockers and desks are controlled by schools, and accordingly students have little expectation of privacy in them if school officials have a reasonable suspicion for searching them. A purely random search of lockers would not likely be upheld, but officials may be justified in conducting a search of lockers or desks if they have reason to believe there is pervasive drug use in the school or that weapons are being stored. To strengthen the legitimacy of such searches school officials are advised to give students advance notice that lockers are considered school property, and that the possibility of locker searches exists.

The legality of school searches depends on such important considerations as privacy expectations, advance written notice, and the reliability of third-party information. *New Jersey v. T.L.O.* continues to guide in determining the legitimacy of school searches. School districts are advised to consult with their legal counsel prior to conducting a search in the school.

3. May a school district discipline students for policy violations related to alcohol and other drug abuse off-campus?

State and local laws differ. However, most school-related functions are considered to be under the school's jurisdiction. Activities that take place off school grounds but have a "direct and immediate effect on school activities" usually are viewed by the courts as being within the school's jurisdiction. It is important to work with school attorneys to provide this information in writing to students and parents at the beginning of the school year.

4. May school districts implement mandatory programs that would *seek* to identify students who are potentially abusing alcohol or other drugs or who live in families where there is potential substance abuse?

Previous court cases have held that such mandatory programs, where identification would come from questionnaires given to all students and which would be subject to peer and faculty counseling, was in violation of the federal Hatch Amendment.

5. May students opt out of AODA instruction?

According to Wisconsin Statutes s. 118.01(2)(d)2.c. "no pupil may be required to take instruction [in the effects of controlled substances under ch. 161 and alcohol upon the human system] if his or her parent files with the teacher a written objection thereto."

SAP-Specific Legal Issues

Ken, age 16, is referred to his school's SAP because of failing grades and increased absenteeism. After confiding to the school social worker that he's been getting drunk several times a week, he agrees to attend an in-school support group to begin to take a look at his alcohol use. After several group sessions, the group's co-facilitators recommend that Ken have an AODA assessment. His school counselor provides him with a list of appropriate agencies, and Ken follows through with an assessment at a local hospital. The recommendation is for inpatient treatment. When hospital AODA personnel contact Ken's parents, they reject the recommendation and threaten to take the school district to court for withholding information.

The above scenario triggers some commonly asked questions about Student Assistance Programs and school AODA programs in general. These questions and concerns about SAPs and legal issues threaten a school district's ability to assist troubled students. The following discussion is an attempt to clarify some of these issues.

1. Is it necessary for schools to obtain parental consent for a student to attend an in-school SAP group?

Current legal opinion indicates that all district parents be notified at the beginning of each school year about the district's SAP, the nature of the program, and the parents' rights to exempt their child/children from the program. Once the notification has been made, it appears that parental permission is not required for a student to attend an in-school SAP group. Recent legal opinion suggests that while parents have the right to receive information about a school's SAP, they do not necessarily have the right to be informed that their student has enrolled in an SAP. Thus, while parents need to be notified of their district's SAP, there is no legal requirement that parents give consent before a student may participate in an SAP. With current figures indicating that one-fourth to one-third of all school-age children live in homes where alcohol or other drug abuse is a problem, it is important that SAP services be available to students.

2. Must schools obtain parental consent for a student to have an AODA assessment at a community agency?

School staff members may provide students with a list of appropriate community agencies to call for an AODA assessment, but they may not make the appointment for the student. School staff members are encouraged to involve parents whenever possible in decisions regarding the student's welfare.

3. Can a student be required to attend an in-school SAP support group as a result of observed or suspected behavior or a violation of school rules or state or local laws?

Wisconsin law does not authorize school boards to require that students participate in alcohol or other drug counseling in order to attend school. In addition, because most Wisconsin school districts now receive federal funds under the Drug Free Schools and Community Act, the federal Hatch Amendment applies. The Amendment states that schools are prohibited from requiring any student to participate in a program that would elicit information about attitudes, habits, traits, opinions, beliefs, or feelings of the student. Thus, student participation in school-based support groups must be voluntary.

Also, schools cannot use confidential information obtained from law enforcement personnel to require students (under threat of expulsion) to participate in group or individual counseling or to expel or suspend students. The information may be used to refer a student to county social welfare agencies or non-governmental, self-help groups with the student's consent. (76 OAG 134, 1987)

While school boards do not have authority to require counseling or assessment, they may structure the participation in appropriate assessment or counseling as an alternative to suspension, expulsion, or other student discipline should the student choose that option.

4. How do federal regulations regarding "Confidentiality of AODA patient records" apply to school-based SAPs?

In general, these regulations, which explicitly refer to school-based programs, govern the conditions under which prior written consent is required before a "program" may disclose "patient" information.

Although "school-based programs" are referred to in the federal confidentiality regulations, exactly how they apply to a specific SAP depends on the particular SAP model a school district has implemented, the nature of the SAP services provided, and the procedure by which the SAP operates. It appears that SAPs operating on a "core team model," where a designated school team works with students and has various assigned roles, can share student information among team members for the explicit purpose of recommending appropriate services.

It is important that school staff members not overreact to unclear or unresolved federal or state laws that may or may not apply. The purpose of regulations governing confidentiality is to protect individual privacy and encourage those in need of treatment or counseling to receive it.

The following suggestions can help school districts make decisions concerning student information.

- Clearly state the nature of your SAP and define the roles of staff members who are involved. Be sure staff members receive appropriate training for the SAP roles.
- Examine the terms used in your district SAP policy. The terms "information," "referral for assessment," "screening," and "support" are appropriate for school-based programs. The terms "assessment," "diagnosis," and "treat-ment" are better suited to AODA treatment agencies.
- Keep abreast of all federal, state, and local statutes as they relate to AODA issues, student records, and confidentiality. Ask for clarification from your school district's attorney, or from attorneys for the Wisconsin Education Association Council or the Wisconsin Association of School Boards.
- When defining your SAP, clearly state the relationship between your SAP and community AODA agencies. Federal and state regulations do apply to these agencies so a strategy of information-sharing and proper use of consent forms will need to be developed.

5. What are the guidelines for sharing information within an SAP?

A high level of trust and the safeguarding of confidentiality are critical to a successful SAP. Students choose to confide in SAP staff members because they feel safe in doing so. A student's willingness to share greatly enhances the staff member's ability to develop a helping, constructive relationship and make any appropriate referrals. While the need for confidentiality is apparent, confidentiality within the SAP is only assured

to a limited extent. The SAP staff must be knowledgeable of those limits.

The Wisconsin Legislature has imposed on designated school staff involved with SAP activities the requirement of confidentiality under s. 118.126, Wis. Stats. That statute provides that designated SAP staff "shall keep confidential information received from a pupil that the pupil or another pupil is using or is experiencing problems resulting from the use of alcohol or other drugs." The law outlines exceptions to this confidentiality. One exception allows any SAP team member to breach confidentiality if he or she "has reason to believe there is serious or imminent danger to the health, safety, or life of any person and that disclosure of the information to another person will alleviate the serious and imminent danger."

Students participating in SAP group discussions must understand the importance of not discussing personal information revealed by others in the group to persons outside the group. It will be necessary to repeat this message during future group sessions to ensure that students understand the importance of this.

Students also need to understand the difference between "confidentiality" and "secrecy." SAP groups should not be construed as "secret."

Since absolute confidentiality cannot be guaranteed, students need to understand that material of an extremely sensitive nature should be shared only with the facilitator(s) in private. Students then have the opportunity to make responsible decisions regarding their discussions.

Finally, it is important to remember that the reason for confidentiality is not to hide information from others but rather to help students feel comfortable and secure if they choose to reveal information within an SAP setting.

6. What are the guidelines for AODA treatment of minors?

According to Wisconsin Statutes s. 51.47, any physician or licensed or approved health care facility can render "preventative, diagnostic, assessment, evaluation or treatment services for the abuse of alcohol or other drugs to a minor 12 years of age or over without obtaining the consent of or notifying the minor's parents or guardians." Subsection (3) requires that the physician or health care facility "notify the minor's parent or guardian of any services rendered under this section as soon as practicable."

Since Wisconsin law does not require parental consent prior to treatment of a minor, s. 3.14(b) (of the federal regulations 43 CFR Part (2)) applies to disclosures of "patient information." That section provides that if a minor has the legal capacity under state law to apply for and obtain alcohol or drug abuse treatment, written consent for disclosure of patient information may be given only by the minor patient.

7. Do school districts have authority to contract with outside persons or agencies (such as human services boards, a local hospital or a private drug treatment agency) to provide such services as screening, referral, evaluation or assessment?

School boards have express power in the statutes to contract with certain entities and agencies. However, there is no express authority in the statutes for school boards to contract with entities such as private hospitals or private drug treatment agencies; nor is such authority implied. Under s. 66.30(2) Wis. Stats., school districts can "contract with municipalities for the receipt or furnishing of services or the joint exercise of any power or duty required or authorized by law." This means that a school district itself must be required or authorized by law to provide or receive the services for which it proposes to contract with another municipality, and the other municipality must be authorized to provide or receive those services.

School districts are authorized to:

- provide instruction programs regarding the effects of AODA on the human system (s. 118.01(2)(d), Wis. Stats.).
- develop programs to prevent or ameliorate alcohol and other drug abuse among minors (s. 115.36, Wis. Stats.).
- cooperate with counties under s. 51.42, Wis. Stats., to disseminate information regarding the availability of AODA services (s. 118.24(2)(f), Wis. Stats.).
- jointly, with counties, establish procedures for the referral to appropriate agencies of students with AODA-related problems (s. 118.24(2)(f), Wis. Stats.).

There is, however, no provision for school districts to contract with municipalities for purposes of AODA diagnosis, evaluation, and assessment. Even though 51.42 boards are authorized to provide these services, this does not mean it is appropriate for the services to be provided on school grounds under a contract with the school district. School districts are advised to have assessments and treatment provided outside the school.

8. Can a district hire an outside consultant—not licensed—to serve as the AODA or SAP coordinator?

A contract to hire an outside consultant to serve as the AODA/SAP coordinator first would have to be in accordance with s.66.30, Wis. Stats. Second, the duties of AODA/SAP coordinators vary, from administrative work to screening. In smaller districts, AODA/SAP coordinators tend to have more varied duties, while in larger districts they most likely will have duties that could be classified as "teacher" and thus must be DPI-licensed. It would seem reasonable for districts to hire only DPI-licensed persons as AODA/SAP coordinators.

9. What are some guidelines for the use of volunteers within a Student Assistance Program?

Volunteers and student teachers are not protected by Wisconsin law against liability and monetary loss in civil suits unless the school district agrees in writing to insure them. While state law does not require that school districts provide insurance coverage for volunteers and student teachers, school districts are advised to insure any volunteers it uses in an SAP since they are not covered by the protections of the privileged communications statute.

Schools can hold volunteers to an established standard of ethics and conduct, but they have no control over them if they fail to uphold those standards.

Summary

Because SAPs are relatively new and are operating to a great extent in uncharted territory, school districts have the opportunity to provide leadership in setting legal standards for those problems. If school administrators are to address the needs of the ever-growing population of students with AODA-related problems, school districts need to aggressively pursue a set of standards that will enable SAPs to react decisively and compassionately to student needs, while respecting families' rights to privacy.

It is reasonable to assume that dysfunctional families will be most likely to blame the school district when something goes wrong. Some basic guidelines can serve to protect school districts and SAP staff members and can appropriately address students' needs.

A clear board-approved SAP policy should:

- delineates staff and administrative roles and spell out protection for staff and students and any volunteers involved.
- be reviewed regularly by the school board and its legal counsel.
- spell out how parents are to be involved.
- guarantee confidentiality to students.
- describe how community agencies will be involved.

To the extent that district SAP guidelines are appropriate and school staff members operate within those guidelines, the threat of legal challenges can be greatly reduced but can never be entirely avoided.

Schools can limit their potential liabilities in SAP services by carefully planning the program before it is implemented. The philosophy and audience must be determined before any program is started, and there must be a defined curriculum (a blueprint that includes a text). All SAP policies must be clearly communicated to all parents at the beginning of the school year. Parents must know what the Student Assistance Program is and what it's objectives are. Parents also must be given the option of whether or not their child/children will be allowed to participate in an SAP.

Wisconsin Statutes and Administrative Rules That Affect AODA Programs

Wisconsin Statutes

The following excerpts from statutes are provided in an effort to help those involved in implementing AODA programs to interpret applicable Wisconsin law. Please note that none of the statutes is reprinted in its entirety.

48.34 Disposition of child adjudged delinquent. If the judge adjudges a child delinquent, he or she shall enter an order deciding one or more of the dispositions of the case as provided in this section under a care and treatment plan. Subsections (4m) and (8) are exclusive dispositions, except that either disposition may be combined with the disposition under sub. (4p) or (7m) and the disposition under sub. (4m) may be combined with the disposition under sub. (5). The dispositions under this section are:

(1) Counsel the child or the parent, guardian or legal custodian.

(2) Place the child under supervision of an agency, the department if the department approves or a suitable adult, including a friend of the child, under conditions prescribed by the judge including reasonable rules for the child's conduct and the conduct of the child's parent, guardian or legal custodian, designed for the physical, mental and moral well-being and behavior of the child.

(2m) Place the child in his or her home under the supervision of an agency, as defined under s. 48.38(1)(a), and order the agency to provide specified services to the child and the child's family, which may include but are not limited to individual or group counseling, homemaker or parent aide services, respite care, housing assistance, day care or parent skills training.

(3) Designate one of the following as the placement for the child:

(a) The home of a relative of the child.

(b) A home which need not be licensed if placement is for less than 30 days.

(c) A foster home licensed under s. 48.62 or a group home licensed under s. 48.625.

(d) A residential treatment center licensed under s. 48.60.

(4) If it is shown that the rehabilitation or the treatment and care of the child cannot be accomplished by means of voluntary consent of the parent or guardian, transfer legal custody to any of the following:

(a) A relative of the child.

(b) A county department.

(c) A licensed child welfare agency.

(4m) Transfer legal custody to the department for placement in a secured correctional facility, but only if:

(a) The child has been found to be delinquent for the commission of an act which if committed by an adult would be punishable by a sentence of 6 months or more; and

(b) The child has been found to be a danger to the public and to be in need of restrictive custodial treatment.

(4p) If the child committed a crime specified in s. 943.70, a judge may place restrictions on the child's use of computers.

(4s) (a) In addition to any other dispositions imposed under this section, if the child is found to have violated s. 161.41 (2r), (3), (3m), (3n) or (3r), the judge shall order one of the following penalties:

1. For a first violation, a forfeiture of not more than $50.

2. For a violation committed within 12 months of a previous violation, a forfeiture of not more than $100 or suspension of the person's operating privilege as provided under s. 343.30 (6)(b) 2 or both.

3. For a violation committed within 12 months of 2 or more previous violations, a forfeiture of not more than $500 or revocation of the person's operating privilege under s. 343.30 (6)(b) 3 or both.

(am) In addition to any other dispositions imposed under this section, if the child is found to have violated a. 161.41 (1) or (1m), the judge shall order one of the following penalties:

1. For a first violation, a forfeiture of not less than $250 nor more than $500.

2. For a violation committed within 12 months of a previous violation, a forfeiture of not less than $300 nor more than $500 or suspension of the person's operating privilege as provided under s. 343.30 (6)(b) 2 or both.

3. For a violation committed within 12 months of 2 or more previous violations, a forfeiture of $500 or revocation of the person's operating privilege under s. 343.30 (6)(b) 3 or both.

(b) After ordering a disposition under par. (a) or (am), the judge, with the agreement of the child, may enter an additional order staying the execution of the dispositional order. If a judge stays a dispositional order under this paragraph, he or she shall enter an additional order requiring the child to do any of the following:

1. Submit to an alcohol and other drug abuse assessment that conforms to the criteria specified under s. 48.547 (4) and that is conducted by an approved treatment facility. The order shall designate an approved treatment facility to conduct the alcohol and other drug abuse assessment and shall specify the date by which the assessment must be completed.

2. Participate in an outpatient alcohol or other drug abuse treatment program at an approved treatment facility, if an assessment conducted under subd. 1 or s. 48.295 (1) recommends treatment.

3. Participate in a court-approved alcohol or other drug abuse education program.

(c) If the approved treatment facility, with the written informed consent of the child or, if the child has not attained the age of 12, the written informed consent of the child's parent, notifies the agency primarily responsible for providing services to the child that the child has submitted to an assessment under this subsection and that the child does not need treatment or education, the judge shall notify the child of whether or not the original dispositional order will be reinstated.

(d) If the child completes the alcohol or other drug abuse treatment program or court-approved education program, the approved treatment facility or court-approved education program shall, with the written informed consent of the child or, if the child has not attained the age of 12, the written informed consent of the child's parent, notify the agency primarily responsible for providing services to the child that the child has complied with the order and the judge shall notify the child of whether or not the original dispositional order will be reinstated.

(e) If an approved treatment facility or court-approved education program, with the written informed consent of the child or, if the child has not attained the age of 12, the written informed consent of the child's parent, notifies the agency primarily responsible for providing services to the child that a child is not participating in the program or that a child has not satisfactorily completed a recommended alcohol or other drug abuse treatment program or an education program, the judge shall impose the original disposition under par. (a) or (am).

(5) (a) If the child is found to have committed a delinquent act which has resulted in damage to the property of another, or actual physical injury to another excluding pain and suffering, the judge may order the child to repair damage to property or to make reasonable restitution for the damage or injury if the judge, after taking into consideration the well-being and needs of the victim, considers it beneficial to the well-being and behavior of the child. Any such order shall include a finding that the child alone is financially able to pay and may allow up to 12 months for the payment. Objection by the child to the amount of damages claimed shall entitle the child to a hearing on the question of damages before the amount of restitution is ordered.

(b) 1. Subject to subd. 2, in addition to any other employment or duties permitted under ch. 103 or any rule or order under ch. 103, a child who is 12 or 13 years of age who is participating in a restitution project provided by the county may, for the purpose of making restitution ordered by the court under this subsection, be employed or perform any duties under any circumstances in which a child 14 or 15 years of age is permitted to be employed or performed duties under ch. 103 or any rule or order under ch. 103.

2. Under this subsection, a court may not order a child who is 12 or 13 years of age to make more than $250 in restitution.

(6) (a) If the child is in need of special treatment or care the judge may order the child's parent, guardian or legal custodian to provide such care. If the parent, guardian or legal custodian fails or is financially unable to provide the care, the judge may order the care provided by an appropriate agency whether or not legal custody has been taken from the parents. An order of special treatment or care under this paragraph may not include an order for the administration of psychotropic drugs.

(b) Payment for the special treatment or care that relates to alcohol and other drug abuse services ordered under par. (a) shall be in accordance with s. 48.361.

(6m) If the report prepared under s. 48.33 recommends that the child is in need of an integrated service plan and if an integrated service program under s. 46.56 has been established in the county, the judge may order that an integrated service plan be developed and implemented.

(7) The judge may restrict, suspend or revoke the operating privilege, as defined in s. 340.01(40), of a child who is adjudicated delinquent under a violation of any law in which a motor vehicle is involved. Any limitation of the operating privilege shall be endorsed upon the operator's license and notice of the limitation forwarded to the department of transportation.

(7m) If the child is adjudicated delinquent under a violation of s. 161.41 (2r), (3), (3m), (3n) or (3r) by possessing or attempting to possess a controlled substance listed in schedule I or II under ch. 161 while in or otherwise within 1,000 feet of a state, county, city, village or town park, a swimming pool open to members of the public, a youth center, as defined in s. 161.01 (22), or a community center, while on or otherwise within 1,000 feet of any private or public school premises or while on or otherwise within 1,000 feet of a school bus, as defined in s. 340.01(56), the judge shall do both of the following:

(a) Require that the child participate for 100 hours in a supervised work program under sub. (9) or perform 100 hours of other community service work.

(b) Revoke the child's operating privilege, as defined in s. 340.01(40), for not less than 6 months nor more than 2 years. The judge shall immediately take possession of any revoked license and forward it to the department of transportation together with the record of conviction and notice of the revocation.

(8) If the judge finds that no other court services or alternative services are needed or appropriate it may impose a maximum forfeiture of $50 based upon a determination that this disposition is in the best interest of the child and in aid of rehabilitation, except that the court may raise the maximum ceiling on the amount of the forfeiture by $50 for every subsequent adjudication of delinquency concerning an individual child. Any such order shall include a finding that the child alone is financially able to pay the forfeiture and shall allow up to 12 months for payment. If the child fails to pay the forfeiture, the judge may vacate the forfeiture and order other alternative under this section, in accordance with the conditions specified in this chapter; or the judge may suspend any license issued under ch. 29 for not less than 30 days nor more than 90 days, or suspend the child's operating privilege as defined in s. 340.01(40) for not less than 30 days nor more than 90 days. If the judge suspends any license under this subsection, the clerk of the court shall immediately take possession of the suspended license and forward it to the department which issued the license, together with a notice of suspension clearly stating that the suspension is for failure to pay a forfeiture imposed by the court. If the forfeiture is paid during the first 30 days after the license is suspended, the suspension shall be reduced to the minimum period of 30 days. If it is paid after the end of the 30 days, the suspension shall be reduced to the time period which has already elapsed and the court shall immediately notify the department which shall then return the license to the child.

(9) SUPERVISED WORK PROGRAM. (a) The judge may utilize as a dispositional alternative court-ordered participation in a supervised work program. The judge shall set standards for the program within the budgetary limits established by the county board of supervisors. The work program may provide the child reasonable compensation reflecting a reasonable market value of the work performed, or it may consist of uncompensated community service work, and shall be administered by the county department or a community agency approved by the judge.

(b) The supervised work program shall be of a constructive nature designed to promote the rehabilitation of the child, shall be appropriate to the age level and physical ability of the child and shall be combined with counseling from a member the staff of the county department or community agency or other qualified person. The program may not conflict with the child's regular attendance at school. The amount of work required shall be reasonably related to the seriousness of the child's offense.

(c) 1. Subject to subd. 2, in addition to any other employment or duties permitted under ch. 103 or any rule or order under ch. 103, a child who is 12 or 13 years of age who is participating in a community service project provided by the county may, for purposes of performing community service work ordered by the court under this subsection, be employed or perform any duties under any circumstances in which a child 14 or 15 years of age is permitted to be employed or perform duties under ch. 103 or any rule or order under ch. 103.

2. Under this subsection, a court may not order a child who is 12 or 13 years of age to perform more than 40 total hours of community service work.

(10) SUPERVISED INDEPENDENT LIVING. (a) The judge may order that a child 17 or more years of age be allowed to live independently, either alone or with friends, under such supervision as the judge deems appropriate.

(b) If the plan for independent living cannot be accomplished with the consent of the parent or guardian, the judge may transfer custody of the child as provided in sub. (4)(a) to (c).

(c) The judge may order independent living as a dispositional alternative only upon a showing that the child is of sufficient maturity and judgment to live independently and only upon proof of a reasonable plan for supervision by an appropriate person or agency.

(11) TRANSFER TO FOREIGN COUNTRIES UNDER TREATY. If a treaty is in effect between the United States and a foreign country, allowing a child adjudged delinquent who is a citizen or national of the foreign country to transfer to the foreign country, the governor may commence a transfer of the child if the child and the child's parent, guardian, legal custodian or the court request.

(12) EDUCATIONAL PROGRAM. (a) Except as provided in par. (d), the judge may order the child to attend any of the following:

1. A nonresidential educational program, including a program for children at risk under s. 118.153, provided by the school district in which the child resides.

2. Pursuant to a contractual agreement with the school district in which the child resides, a nonresidential educational program provided by a licensed child welfare agency.

3. Pursuant to a contractual agreement with the school district in which the child resides, an educational program provided by a private, nonprofit, nonsectarian agency that is located in the school district in which the child resides and that complies with 42 USC 2000d.

4. Pursuant to a contractual agreement with the school district in which the child resides, an educational program provided by a vocational, technical and adult education district located in the school district in which the child resides.

(b) The judge shall order the school board to disclose the child's pupil records, as defined under s. 118.125(1)(d), to the county department or licensed child welfare agency responsible for supervising the child, as necessary to determine the child's compliance with the order under par. (a).

(c) The judge shall order the county department or licensed child welfare agency responsible for supervising the child to disclose to the school board, vocational, technical and adult education district board or private, nonprofit, nonsectarian agency which is providing an educational program under par. (a) 3 records or information about the child, as necessary to assure the provision of appropriate educational services under par. (a).

(d) This subsection does not apply to a child with exceptional educational needs, as defined under s. 115.76 (3).

(13) ALCOHOL OR DRUG TREATMENT OR EDUCATION. (a) If the report prepared under s. 48.33 recommends that the child is in need of treatment for the use or abuse of alcohol beverages or controlled substances and its medical, personal, family or social effects, the court may order the child to enter an outpatient alcohol and other drug abuse treatment program at an approved treatment facility. The approved treatment facility shall, under the terms of a service agreement between the county and the approved treatment facility, or with the written informed consent of the child or the child's parent if the child has not attained the age of 12, report to the agency primarily responsible for providing services to the child as to whether the child is cooperating with the treatment and whether the treatment appears to be effective.

(b) If the report prepared under s. 48.33 recommends that the child is in need of education relating to the use of alcohol beverages or controlled substances, the court may order the child to participate in an alcohol or other drug abuse education program approved by the court. The person or agency that provides the education program shall, under the terms of a ser-vice agreement between the county and the education program, or with the written informed consent of the child or the child's parent if the child has not attained the age of 12, report to the agency primarily responsible for providing services to the child about the child's attendance at the program.

(c) Payment for the court ordered treatment or education under this subsection in counties that have a pilot program under s. 48.547 shall be in accordance with s. 48.361.

Section note: 1983 Acts 399, 438; 1985 Acts 176, 311; 1987 Acts 27, 285, 339, 403; 1989 Acts 31, 107, 121

115.36 Assistance for alcohol and other drug abuse programs. **(1)** The purpose of this section is to enable and encourage public and private schools to develop comprehensive programs to prevent or ameliorate alcohol and other drug abuse among minors.

(2) The department shall:

(a) Develop and conduct training programs for the professional staff of public and private

schools in alcohol and other drug abuse prevention, intervention and instruction programs.

(b) Provide consultation and technical assistance to public and private schools for the development and implementation of alcohol and other drug abuse prevention, intervention and instruction programs.

(c) Provide fellowship grants to support advanced training or education in comprehensive school health and alcohol and other drug abuse education.

(d) Provide access to informational resources for alcohol and other drug abuse education programs and services including, but not limited to:

1. The screening, revision and evaluation of available information resources.

2. The establishment of a central depository and loan program for high cost informational resources.

3. The systematic dissemination of information concerning available resources to appropriate public and private school staff.

(e) Create a council under s. 15.04(1)(c) to advise the department concerning the administration of this section.

(3) (a) The department shall, from the appropriation under s. 20.255(2)(g), fund school district projects designed to assist minors experiencing problems resulting from the use of alcohol or other drugs or to prevent alcohol or other drug abuse by minors. The department shall:

1. Administer grant application and disbursement of funds.

2. Monitor program implementation.

3. Assist in and ensure evaluation of projects.

4. Report biennially in its report under s. 15.04(1)(d) on program progress and project evaluation.

5. Promulgate necessary rules for the implementation of this subsection.

(b) Grants under this subsection may not be used to replace funding available from other sources.

(c) Grants under this subsection may be made only where there is a matching fund contribution from the local area in which a program is designed to operate of 20% of the amount of the grant obtained under this subsection. Private funds and in-kind contribution may be applied to meet the requirement of this paragraph.

(d) A school district applying for aid under this subsection shall submit a copy of the application to the county department under s. 51.42 for its advisory review. The county department under s. 51.42 may, and the council established under sub. (2)(e) shall, submit an advisory recommendation with respect to the application to the department prior to the approval or denial of the application.

Section note: Ch. 331, Laws of 1979; Ch. 20, Laws of 1981; 1983 Acts 27, 524; 1985 Act 176; 1989 Acts 31, 122

115.361 Early alcohol and other drug abuse prevention and intervention programs. **(1)** HEAD START SUPPLEMENT. From the appropriation under s. 20.255(2)(dm), the state superintendent shall distribute funds to agencies determined by the state superintendent to be eligible for designation as head start agencies under 42 USC 9836 to provide comprehensive health, educational, nutritional, social and other services to economically disadvantaged children and their families. The state superintendent shall distribute the funds in a manner consistent with 42 USC 9831 to 9852 except that there is no matching fund requirement. The state superintendent shall give preference in funding under this subsection to an agency that is receiving federal funds under 42 USC 9831 to 9852. No funds distributed under this subsection may be used to match available federal funds under 42 USC 9831 to 9852.

(2) DRUG ABUSE RESISTANCE EDUCATION. (a) In this subsection:

1. "Law enforcement agency" has the meaning given in s. 165.83(1)(b).

2. "Law enforcement officer" has the meaning given in s. 165.85(2)(c).

(am) A school board may contract with a city or county to provide drug abuse resistance education to pupils enrolled in grades 5 to 8. Instruction shall be provided by law enforcement officers employed by the county or city who have been specially trained to provide such instruction. The law enforcement officers may use guest lecturers and others to assist them in providing instruction.

(b) A school board contracting under par. (am) may apply to the state superintendent for a grant to help fund the costs of the program. The state superintendent shall review the applications and determine which of the applicants will receive grants. A grant shall fund 100% of the cost of the classroom materials for the program and 80% of the costs of the contract, except that no grant may exceed $50,000. Grants shall be awarded from the appropriations under s. 20.255(2)(dm) and (v). Funds in the appropriation under s. 20.255(2)(v) shall be fully utilized before a grant is awarded from the appropriation under s. 20.255(2)(dm).

(bm) Beginning January 1, 1991, law enforcement agencies shall use the sheriff's department of a county having a population of 500,000 or more, or a program that provides comparable training, to train law enforcement officers for the program under this subsection.

(c) The state superintendent shall promulgate rules to implement and administer this subsection, including rules establishing criteria for selecting grant recipients under par. (b).

(3) GRANTS FOR FAMILIES AND SCHOOLS TOGETHER PROGRAMS. (a) A school board may apply to the state superintendent for a grant to fund a families and schools together program designed to identify pupils who are 6 to 11 years of age who have a high risk of dropping out of school, experiencing alcohol and other drug abuse problems or being adjudged delinquent. The program shall provide prevention and early intervention activities involving joint school, family and community participation, including mental health and alcohol and other drug abuse program specialists.

(b) Beginning in the 1990-91 school year and annually thereafter, the state superintendent may award grants of up to $50,000 to school districts with small and medium memberships and grants of up to $70,000 to school districts with large memberships. Grants shall be awarded from the appropriation under s. 20.255(2)(dm). In this paragraph, "membership" has the meaning given in s. 121.004(5).

(c) A school board may contract with a private, nonprofit organization for the program under this subsection.

(4) GRANTS FOR PUPIL ALCOHOL AND OTHER DRUG ABUSE PROGRAM PROJECTS. (a) The state superintendent may award grants of up to $1,000 to a participating school district for alcohol and other drug abuse education, prevention or intervention programs designed by the pupils enrolled in the school district. The school district shall use the funds for the costs of the projects.

(b) Grants under this subsection shall be awarded from the appropriation under s. 20.255 (2)(dm). To the extent possible, the state superintendent shall ensure that grants are equally distributed on a statewide basis.

(5) GRANTS FOR AFTER-SCHOOL AND SUMMER SCHOOL PROGRAMS. (a) A school board, with the cooperation and support of a community-based organization, may apply to the state superintendent for a grant of up to $30,000 to fund an after-school or summer school program for pupils in grades 1 to 9.

(b) The state superintendent shall award grants under this subsection from the appropriation under s. 20.255(2)(dm). The amount of a grant may not exceed 80% of the cost of the program, including in-kind contributions. The state superintendent may award a grant to a school board under this subsection only if all of the following apply:

1. The program identifies the special skills and interests of individual pupils and helps them develop those skills and interests.

2. The program is coordinated with the school district's program for children at risk under s. 118.153 and the school district's alcohol and drug abuse prevention program.

3. The program includes a school tutoring program operated by the school board or the community-based organization for pupils in grades 1 to 9 who are one or more years behind their age group in reading, writing or mathematics or who exhibit other significant academic deficiencies, including poor school attendance or school work completion problems. The state superintendent may consider whether any of the following applies to the program in determining whether to award a grant:

a. The tutoring program provides at least one instructor for every 6 pupils.

b. The school district supplies the instructional materials.

c. The tutoring program serves at least 18 pupils each week.

4. No more than 7% of the amount awarded will be used for program administration by the school district.

(c) The state superintendent shall:

1. Ensure that grants are awarded to school districts that have a higher than average dropout rate.

2. Give preference in awarding grants to programs that use retired teachers.

3. Annually by July 1, evaluate the programs funded under this subsection and submit a report describing his or her conclusions and recommendations to the chief clerk of each house of the legislature for distribution to the appropriate standing committees under s. 13.172(3).

4. Promulgate rules to implement and administer this subsection.

(6) SCHOOL COUNSELORS, PSYCHOLOGISTS AND SOCIAL WORKERS. A school board may apply to the state superintendent for a one-time grant of up to $20,000 to assist in paying the cost of employing additional licensed school

counselors, psychologists and social workers for pupils in the elementary grades. Grants shall be awarded from the appropriation under s. 20.255(2)(dm). The state superintendent may not award a grant under this subsection unless the school district matches the amount of the grant.

(7) TRANSFERS; REPORT. (a) Of the amount in the appropriation under s. 20.255(2)(dm) in the 1990-91 fiscal year and annually thereafter, the state superintendent shall allocate the following amounts for the following programs:

1. For head start supplements under sub. (1), $2,000,000.

2. For drug abuse resistance education grants under sub. (2), $100,000.

3. For grants for families and schools together programs under sub. (3), $1,000,000.

4. For grants for pupil alcohol and other drug abuse program projects under sub. (4), $300,000.

5. For grants for after-school and summer school programs under sub. (5), $720,000.

6. For grants for school counselors, psychologists and social workers under sub. (6), $250,000.

(b) Annually, the state superintendent shall determine whether the amount allocated for each program under par. (a) will be fully utilized based upon the applications received that meet the specified criteria for each program. If an amount will not be fully utilized, the state superintendent may transfer the unutilized funds to programs for which qualified applications exceed the amounts allocated. The transfer shall be made by November 1 of each school year, except that in any school year in which a biennial budget act takes effect, the transfer shall be made by November 1 or within 120 days after the effective date of the biennial budget act, whichever is later. Annually, the state superintendent shall submit a report to the joint committee of finance describing all transfers under this paragraph.

(c) The state superintendent shall collect and analyze information about the programs funded under this section, evaluate their effectiveness and submit a report of the evaluation to the governor and to the ch clerk of each house of the legislature for d. .bution to the appropriate standing committees under s. 13.172(3) by July 1, 1992.

(8) SUNSET. This section does not apply after June 30, 1993.

Section note: 1989 Act 122; 1989 Act 122 s. 3044 (5g) provides:

(5g) DRUG ABUSE RESISTANCE EDUCATION TRAINING. Notwithstanding section 20.255(2)(dm) of the statutes, of the amount in the appropriation under section 20.255(2)(dm) of the statutes and allocated under section 115.361(7)(a) 2 of the statutes, in the 1990-91 fiscal year the state superintendent of public instruction shall allocate up to $50,000 to reimburse the sheriff's department of a county having a population of 500,000 or more for the costs of training law enforcement officers to provide instruction to other law enforcement officers for the program under section 115.361(2) of the statutes.

115.362 Youth alcohol and other drug abuse programs.

(1) The department shall make grants to school districts and cooperative educational service agencies for alcohol and other drug abuse prevention, intervention and instruction programs. The department shall award at least 30 grants each school year.

(2) (a) The department shall award grants from the appropriations under s. 20.255(2)(fi) and (w) to school districts for any of the following:

1. The development or expansion of a school district-wide, kindergarten to grade 12 curriculum in the prevention of and intervention in alcohol and other drug abuse.

2. If a school district has a curriculum described under subd. 1, the development or expansion of an alcohol and other drug abuse prevention and intervention program.

(b) The department shall award grants under sub. (1) from the appropriation under s. 20.255(2)(k) only for alcohol and other drug abuse intervention programs.

(3) Except for grants under sub. (2)(a), no school district or cooperative educational service agency may receive more than one grant under this section. Grants awarded under sub. (2)(a) shall not be used to supplant or replace funds otherwise available for the program.

(4) (a) Each school board receiving a grant under sub. (2)(a) 2 shall ensure that its program meets standards established by the state superintendent by rule. The school board may establish the program individually or on a cooperative basis with one or more school districts, cooperative educational service agencies or county handicapped children's education boards.

(b) As part of its alcohol and other drug abuse prevention and intervention program, the school board shall do all of the following:

1. Train teachers and other school staff members in the prevention of alcohol and other drug abuse.

2. Provide a pupil assistance program to intervene in the abuse of alcohol and other drugs by pupils.

3. Develop and implement an alcohol and other drug abuse curriculum for grades kindergarten to 12.

4. Provide instruction to pupils in communication, problem solving and decision making, dealing effectively with peer pressure, critical thinking, stress reduction, self-improvement and positive self-esteem.

5. Release teachers from other duties in order to enable them to participate in training programs under subd. 1 and s. 115.36(2)(a) and in pupil assistance programs under subd. 2.

(c) The school board shall coordinate its alcohol and other drug abuse prevention and intervention program with other such programs available in the school district and to the greatest extent possible shall involve pupils, parents, professional school staff, treatment professionals, law enforcement officers and court personnel in the development and implementation of the program.

(5) The state superintendent shall promulgate rules establishing criteria for the awarding of grants under sub. (2)(a). The rules shall require that the state superintendent give priority in awarding grants to school districts in which no pupil assistance program is available.

Section note: 1987 Acts 339, 403, 403 s. 256; 1989 Act 31

118.01 Educational goals and expectations. (1) PURPOSE. Public education is a fundamental responsibility of the state. The constitution vests in the state superintendent the supervision of public instruction and directs the legislature to provide for the establishment of district schools. The effective operation of the public schools is dependent upon a common understanding of what public schools should be and do. Establishing such goals and expectations is a necessary and proper complement to the state's financial contribution to education. Each school board should provide curriculum, course requirements and instruction consistent with the goals and expectations established under sub. (2). Parents and guardians of pupils enrolled in the school district share with the state and school board the responsibility for pupils meeting the goals and expectations under sub. (2).

(2) EDUCATIONAL GOALS. (a) *Academic skills and knowledge.* Since the development of academic skills and knowledge is the most important goal for schools, each school board shall provide an instructional program designed to give pupils:

1. Basic skills, including the ability to read, write, spell, perform basic arithmetical calculations, learn by reading and listening and communicate by writing and speaking.

2. Analytical skills, including the ability to think rationally, solve problems, use various learning methods, gather and analyze information, make critical and independent judgments and argue persuasively.

3. A basic body of knowledge that includes information and concepts in literature, fine arts, mathematics, natural sciences, including knowledge of the elements of agriculture and the conservation of natural resources, and social sciences, including knowledge of the rights and responsibilities of the family as a consumer, cooperative marketing and consumers' cooperatives.

4. The skills and attitudes that will further lifelong intellectual activity and learning.

5. Knowledge in computer science, including problem solving, computer applications and the social impact of computers.

(b) *Vocational skills.* Each school board shall provide an instructional program designed to give pupils:

1. An understanding of the range and nature of available occupations and the required skills and abilities.

2. Preparation to compete for entry level jobs not requiring postsecondary school education.

3. Preparation to enter job-specific vocational training programs.

4. Positive work attitudes and habits.

(c) *Citizenship.* Each school board shall provide an instructional program designed to give pupils:

1. An understanding of the basic workings of all levels of government, including the duties and responsibilities of citizenship.

2. A commitment to the basic values of our government, including by appropriate instruction and ceremony the proper reverence and respect for and the history and meaning of the American flag, the Declaration of Independence, the U.S. constitution and the constitution and laws of this state.

3. The skills to participate in political life.

4. An understanding of the function of organizations in society.

5. Knowledge of the role and importance of biological and physical resources.

6. Knowledge of state, national and world history.

118.126 Privileged communications. (1) A school psychologist, counselor, social worker and nurse, and any teacher or administrator designat-

ed by the school board who engages in alcohol or drug abuse program activities, shall keep confidential information received from a pupil that the pupil or another pupil is using or is experiencing problems resulting from the use of alcohol or other drugs unless:

(a) The pupil using or experiencing problems resulting from the use of alcohol or other drugs consents in writing to disclosure of the information;

(b) The school psychologist, counselor, social worker, nurse, teacher or administrator has reason to believe that there is serious and imminent danger to the health, safety or life of any person and that disclosure of the information to another person will alleviate the serious and imminent danger. No more information than is required to alleviate the serious and imminent danger may be disclosed; or

(c) The information is required to be reported under s. 48.981.

(2) A school psychologist, counselor, social worker or nurse, or any teacher or administrator designated by the school board who engages in alcohol or drug abuse program activities, who in good faith discloses or fails to disclose information under sub. (1) is immune from civil liability for such acts or omissions. This subsection does not apply to information required to be reported under s. 48.981.

Section note: Ch. 331, Laws of 1979; 1985 Act 163; 1987 Acts 188, 339

118.13 Pupil discrimination prohibited. (1) No person may be denied admission to any public school or be denied participation in, be denied the benefits of or be discriminated against in any curricular, extracurricular, pupil services, recreational or other program or activity because of the person's sex, race, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional or learning disability.

(2) (a) Each school board shall develop written policies and procedures to implement this section and submit them to the state superintendent as a part of its 1986 annual report under s. 120.18. The policies and procedures shall provide for receiving and investigating complaints by residents of the school district regarding possible violations of this section, for making determinations as to whether this section has been violated and for ensuring compliance with this section.

(b) Any person who receives a negative determination under par. (a) may appeal the determination to the state superintendent.

(3) (a) The state superintendent shall:

1. Decide appeals made to him or her under sub. (2)(b). Decision of the state superintendent under this subdivision are subject to judicial review under ch. 227.

2. Promulgate rules necessary to implement and administer this section.

3. Include in the department's biennial report under s. 15.04 (1)(d) information on the status of school district compliance with this section and school district progress toward providing reasonable equality of educational opportunity for all pupils in this state.

(b) The state superintendent may:

1. Periodically review school district programs, activities, and services to determine whether the school boards are complying with this section.

2. Assist school boards to comply with this section by providing information and technical assistance upon request.

(4) Any public school official, employe or teacher who intentionally engages in conduct which discriminates against a person or causes a person to be denied rights, benefits or privileges, in violation of sub. (1), may be required to forfeit not more than $1,000.

Section note: Ch. 418 s. 929 (55)(a), Laws of 1977; 1983 Acts 374, 412; 1985 Act 29; 1987 Act 332; 1987 Act 332 s. 66a provides that sub. (4) takes effect July 1, 1989; 1985 Act 29 s. 3043 (1) provides that the state superintendent shall submit the rules required under s. 118.13 (3)(a) 2 in final draft form no later than July 1, 1986

118.153 Children at risk. (1) In this section:

(a) "Children at risk" means:

1. Pupils who are one or more years behind their age group in the number of credits attained or in basic skill levels and are also one or more of the following:

a. Dropouts.

b. Absent, in any school semester, for more than 15% of the number of hours of direct pupil instruction required during that semester under s. 121.02(1)(f) 2, whether such absences are excused or unexcused.

c. Parents.

d. Adjudicated delinquents.

2. Pupils in grades 5 to 8 who are 2 or more years behind their age group in basic skill levels.

3. Pupils in grades 5 to 8 who are one or more years behind their age group in basic skill levels

and have been absent, in any school semester, for more than 10% of the number of hours of direct pupil instruction required during that semester under s. 121.02(1)(f) 2, whether such absences are excused or unexcused.

(b) "Dropout" means a child who ceased to attend school, continues to reside in the school district, does not attend a public, private or vocational, technical and adult education district school or home-based private educational program on a full-time basis, has not graduated from high school and does not have an acceptable excuse under s. 118.15(1)(b) to (d) or (3).

(2) (a) Every school board shall identify the children at risk who are enrolled in the school district and annually by August 15 develop a plan describing how the school board will meet their needs. The plan shall do all of the following:

1. Describe how curriculum modifications, alternative programs, remedial instruction and pupil support services will be used to meet the needs of the children at risk.

2. Include a list of all community support services available to the children at risk and describe how the services will be used and coordinated to meet the needs of the children at risk.

3. Provide for parent-teacher conferences for parents of children at risk and describe how parental involvement will be used to meet the needs of the children at risk.

(b) 1. If in the previous school year a school district had 50 or more dropouts or a dropout rate exceeding 5% of its total high school enrollment, the school board shall submit the plan developed under par. (a) to the state superintendent for his or her approval.

2. If in the previous school year a school district had a dropout rate greater than 2.5% but not exceedig 5%, the school board may submit the plan developed under par. (a) to the state superintendent for his or her approval.

(3) (a) Beginning in the 1986-87 school year:

1. Every school board shall make available to the children at risk enrolled in the school district a program for children at risk.

2. Upon request of a pupil who is a child at risk or the pupil's parent or guardian, the school board shall enroll the pupil in the program for children at risk. If a school board makes available more than one program for children at risk, the school board shall enroll the pupil in the program selected by the pupil's parent or guardian if the pupil meets the prerequisites for that program.

(b) Programs for children at risk shall be designed to allow the pupils enrolled to meet high school graduation requirements under s. 118.33.

(c) 1. The school board of a school district operating under ch. 119 shall identify appropriate private, nonprofit, nonsectairan agencies located in the school district to meet the requirements under pars. (a) and (b) for the children at risk enrolled in the school district.

2. The school board may contract with the agencies identified under subd. 1 for not more than 30% of the children at risk enrolled in the school district if the school board determines that the agencies can adequately serve such children.

3. The school board shall pay each contracting agency, for each full-time equivalent pupil served by the agency, an amount equal to at least 80% of the average per pupil cost for the school district.

(4) (a) Beginning in August 1987, and annually thereafter, the school board of every school district whose plan was approved under sub. (2)(b) in the previous school year shall submit a report to the state superintendent. The report shall include information on the school district's attendance, retention and high school graduation rates for pupils enrolled in a program for children at risk and the percentage of pupils enrolled in a program for children at risk who received academic credit in the previous school year.

(b) Except as provided under par. (d), if upon receipt of a school board's annual report under par. (a) the state superintendent determines that any 3 of the conditions listed under par. (c) existed in the school district in the previous year, the school district shall receive from the appropriation under s. 20.255 (2)(bc), for each pupil enrolled in the school district's program for children at risk, additional state aid in an amount equal to 10% of the school district's average per pupil aids provided under ss. 20.143 (1)(bs) and 20.255 (2)(ac), (ad), (an) and (q) in the previous school year.

(c) 1. The school district's average attendance rate for pupils enrolled in the school district's program for children at risk was at least 70%.

2. The school district's retention rate for pupils enrolled in the school district's program for children at risk was at least 70%.

3. At least 70% of the pupils enrolled in the school district's program for children at risk as high school seniors received a high school diploma.

4. At least 70% of the pupils enrolled in the school district's program for children at risk received academic credit.

5. The school district's program for children at risk can show significant improvement in reading and mathematics performance for each semester of instruction.

(d) The state superintendent may not provide additional aid under par. (b) to a school district for a children at risk program serving pupils in grades 5 or 6 unless the program met all of the following requirements in the previous school year:

1. The average attendance rate for the pupils enrolled in the program was at least 90%.

2. At least 80% of the pupils enrolled in the program demonstrated significant academic progress.

3. At least 70% of the parents or guardians of the pupils enrolled in the program participated in parent involvement activities established by the school board.

(e) If the appropriation under s. 20.255 (2)(bc) in any fiscal year is insufficient to pay the full amount of aid under par. (b), state aid payments shall be prorated among the school districts entitled to such aid.

(5) The school board of a school district receiving additional state aid under sub. (4)(b) shall use the additional funds received for meeting the requirements under subs. (2)(a) and (3).

(6) Biennially, the legislative audit bureau shall audit school district eligibility, performance criteria and state aid payments under this section.

(7) The state superintendent shall promulgate rules to implement and administer this section. The rules shall not be overly restrictive in defining approved programs and shall not serve to exclude programs that have demonstrated success in meeting the needs of children at risk.

Section note: 1985 Acts 29, 332; 1987 Act 27; 1989 Acts 31, 336; 1989 Act 336 s. 3203 (44) provides that the change to the appropriation reference in sub. (4)(b) takes effect July 1, 1990.

118.257 Liability for referral to police. (1) In this section:

(a) "Controlled substance" has the meaning specified in s. 161.01 (4).

(b) "Distribute" has the meaning specified in s. 161.01 (9).

(c) "Pupil services professional" means a school counselor, school social worker, school psychologist or school nurse.

(d) "School" means a public, parochial or private school which provides an educational program for one or more grades between grades 1 and 12 which is commonly known as an elementary school, middle school, junior high school, senior high school or high school.

(2) A school administrator, principal, pupil services professional or teacher employed by a school board is not liable for referring a pupil enrolled in the school district to law enforcement authorities, or for removing a pupil from the school premises or from participation in a school-sponsored activity, for suspicion of possession, distribution or consumption of an alcohol beverage or a controlled substance.

Section note: Ch. 331, Laws of 1979; Ch. 79, Laws of 1981; 1983 Act 373; 1987 Act 170

118.258 Electronic communication devices prohibited. (1) Each school board shall adopt rules prohibiting a pupil from using or possessing an electronic paging or 2-way communication device while on premises owned or rented by or under the control of a public school. The rules may allow for the use or possession of such a device by a pupil if the school board or its designee determines that the device is used or possessed for a medical, school, educational, vocational or other legitimate use.

(2) (a) Annually, the school board shall provide each pupil enrolled in the school district with a copy of the rules under sub. (1).

(b) The school board shall submit a copy of the rules under sub. (1) to the state superintendent when the rule is first adopted and whenever the rule is amended.

Section note: 1989 Act 121

125.09 General restrictions. (1) PUBLIC PLACE. No owner, lessee or person in charge of a public place may permit the consumption of alcohol beverages on the premises of the public place, unless the person has an appropriate retail license or permit. This subsection does not apply to municipalities, buildings and parks owned by counties, regularly established athletic fields and stadiums, school buildings, churches, premises in a state fair park or clubs.

(2) POSSESSION OF ALCOHOL BEVERAGES ON SCHOOL GROUNDS PROHIBITED. (a) In this subsection:

1. "Motor vehicle" means a motor vehicle owned, rented or consigned to a school.

2. "School" means a public, parochial or private school which provides an educational program for one or more grades between grades 1 and 12 and which is commonly known as an elementary school, middle school, junior high school, senior high school or high school.

3. "School administrator" means the person designated by the governing body of a school as ultimately responsible for the ordinary operations of a school.

4. "School premises" means premises owned, rented or under the control of a school.

(b) Except as provided by par. (c) no person may possess or consume alcohol beverages:

1. On school premises;

2. In a motor vehicle, if a pupil attending the school is in the motor vehicle; or

3. While participating in a school-sponsored activity.

(c) Alcohol beverages may be possessed or consumed on school premises, in motor vehicles or by participants in school-sponsored activities if specifically permitted in writing by the school administrator consistent with applicable laws, ordinances and school board policies.

(d) A person who violates this subsection is subject to a forfeiture of not more than $200, except that ss. 48.344 and 125.07 (4)(c) and (d) provide the penalties applicable to underage persons.

Section note: Ch. 79, Laws of 1981; 1983 Act 74; 1985 Act 218

120.12 School board duties. The school board of a common or union high school district shall:

(1) MANAGEMENT OF SCHOOL DIS-TRICT. Subject to the authority vested in the annual meeting and to the authority and possession specifically given to other school district officers, have the possession, care, control and management of the property and affairs of the school district, except for property of the school district used for public library purposes under s. 43.52.

(2) GENERAL SUPERVISION. Visit and examine the schools of the school district, advise the school teachers and administrative staff regarding the instruction, government and progress of the pupils and exercise general supervision over such schools.

(3) TAX FOR OPERATION AND MAINTENANCE. (a) On or before the 3rd Monday in October, determine the amount necessary to be raised to operate and maintain the schools of the school district and public library facilities operated by the school district under s. 43.52, if the annual meeting has not voted a tax sufficient for such purposes for the school year. On or before the last working day in October, the school district clerk shall certify the appropriate amount so determined to each appropriate municipal clerk who shall assess the amount certified and enter it on the tax rolls as other school district taxes are assessed and entered.

(b) If a tax sufficient to operate and maintain the schools of a school district for the ensuing school year has not been determined, certified and levied prior to the effective date of school district reorganization under ch. 117 affecting any territory of the school district, the school board of the affected school district shall determine, on or before the 3rd Monday of October following the effective date of the reorganization, the amount of deficiency in operation and maintenance funds on the effective date of the reorganization which should have been paid by the property in the affected school district if the tax had been determined, certified and assessed prior to the effective date of the reorganization. On or before the last working day in October, the school district clerk shall certify the appropriate amount to each appropriate municipal clerk who shall assess, enter and collect the amount as a special tax on the property. This paragraph does not affect the apportionment of assets and liabilities under s. 66.03.

(c) If on or before the 3rd Monday in October the school board determines that the annual meeting has voted a tax greater than that needed to operate the schools of the school district for the school year, the school board may lower the tax voted by the annual meeting. On or before the last working day in October, the school district clerk shall certify the appropriate amount so determined to each appropriate municipal clerk who shall assess the amount certified to him or her and enter it on the tax rolls in lieu of the amount previously reported.

(4) TAX FOR DEBT RETIREMENT. On or before the 3rd Monday of October, determine the amount necessary to meet any irrepealable tax obligations or other financial commitments of the school district not otherwise provided for. The school district clerk shall certify the amount apportioned to each appropriate municipal clerk who shall include the amount certified to him and enter it on the tax rolls as other school district taxes are assessed and entered.

(5) REPAIR OF SCHOOL BUILDINGS. Keep the school buildings and grounds in good repair, suitably equipped and in safe and sanitary condition at all times. The school board shall establish an annual building maintenance schedule.

(6) INSURANCE ON SCHOOL BUILDINGS AND GROUNDS. Keep the school buildings, equipment and other property amply insured. If

there are not funds in the school district treasury sufficient to pay the premium, the school board may execute a note for that purpose.

(7) DEPOSITORY. Designate one or more public depositories in which the money belonging to the school district shall be deposited and specify whether the moneys shall be maintained in time deposits subject to the limitations of s. 66.04 (2), demand deposits or saving deposits. When the money is so deposited in the name of the school district, the school district treasurer and bondsmen are not liable for any loss as defined in s. 34.01 (2). The interest on such deposits shall be paid into the school district treasury.

(8) INVENTORY. Annually make an inventory of the school district property.

(9) DISCUSSION OF PUBLIC QUESTIONS. Upon the written application of one-half of the electors of the school district, allow the use of the school buildings or grounds for the free discussion of public questions so far as such use does not interfere, in the opinion of the school board, with the prime purpose of the school buildings or grounds.

(10) CITIZEN ASSOCIATIONS. If the citizens of any community are organized into a nonpartisan, nonsectarian, nonexclusive association for the discussion of public questions or for the promotion of public health by instruction in physical culture and hygiene or by physical exercises, grant to such association the use, when not being used for its prime purpose, of a school building or other school district property which is capable of being used in the work of such association, provide free of charge any necessary light, heat and janitor service and make such other provisions as are necessary for the free and convenient use of such school buildings or property by the association at such times as the association designates. All such gatherings shall be free to the public.

(11) INDIGENT CHILDREN. Provide books and school supplies for indigent children residing in the school district.

(12) SANITARY FACILITIES. Provide and maintain enough suitable and separate toilets and other sanitary facilities for both sexes at each school.

(13) MAIL BOX. Provide and maintain a mail box for each school of the school district located on a rural mail route.

(14) COURSE OF STUDY. Determine the school course of study, with the advice of the state superintendent.

(15) SCHOOL HOURS. Establish rules scheduling the hours of a normal school day. The school board may differentiate between the various elementary and high school grades in scheduling the school day. The equivalent of 180 such days, as defined in s. 115.01 (10), shall be held during the school term. This subsection shall not be construed to eliminate a school district's duty to bargain with the employe's collective bargaining representative over any calendaring proposal which is primarily related to wages, hours and conditions of employment.

(16) IMMUNIZATION OF CHILDREN. (a) In cooperation with local public health agencies and officials specified in ss. 140.09, 141.01, 141.105, 141.02 and 141.04 develop and implement a plan to encourage compliance with par. (b) and s. 140.05 (16)(b) and submit the plan to the department of health and social services by September 1, 1991, and annually thereafter.

(b) Require each student to present evidence of completed basic and recall (booster) series immunizations unless the student, if an adult, or the parent, guardian or legal custodian of a minor student submits a written waiver to the school board under s. 140.05 (16)(c).

(17) UNIVERSITY OF WISCONSIN SYSTEM TUITION. Pay the tuition of any pupil enrolled in the school district and attending a center or institution within the university of Wisconsin system if the course the pupil is attending at the university is not offered in the school district and the pupil will receive high school credit for the course.

(18) CONTINUITY OF EDUCATIONAL PROGRAMMING. Coordinate and provide for continuity of educational programming for pupils receiving educational services as the result of a court order under s. 48.34 (12), including but not limited to providing a written report to the court assigned to exercise jurisdiction under ch. 48 and the agency which is required to submit an educational plan for a child under s. 48.33 (1)(e). The written report shall describe the child's educational status and make recommendations regarding educational programming for the child. The written report shall be provided to the court assigned to exercise jurisdiction under ch. 48 and the agency at least 3 days before the date of the child's dispositional hearing.

(19) INTEGRATED SERVICE PRO-GRAM. If the county board of supervisors establishes an integrated service program for children with severe disabilities under s. 59.07 (147), participate in an integrated service program for children with severe disabilities under s. 59.07 (147) and may

enter into written interagency agreements or contracts under the program.

(20) PROHIBITION OF TOBACCO. Prohibit the use of all tobacco products on premises owned or rented by, or under the control of, a school board, except that the school board may allow the use of tobacco products on premises owned by the school district and rented to another person for noneducational purposes.

Section note: Ch. 206, 418, Laws of 1977; Chs. 301, 318, 334, Laws of 1979; 1983 Act 189 s. 329 (21); 1985 Acts 29, 218, 225; 1987 Acts 285, 285 s. 35; 1989 Acts 31, 114, 209, 264, 359; 1989 Act 209 s. 3 provides that sub. (20) take effect on September 1, 1990.

Administrative Rules

Analysis by the Department of Public Instruction

Statutory authority: ss. 115.36 (3) (a) 5, 115.361 (2) (c), 115.361 (5) (c) 4, 115.362 (5), and 227.11 (2) (a), Stats.

Statute interpreted: ss. 115.36 (1) and (3), 115.361 (2), (3), (4), (5), (6) and 115.362 (2), Stats.
1989 Wisconsin Act 31 created and 1989 Wisconsin Act 122 amended s. 115.361 (2), Stats., which establishes a grant program for drug abuse resistance education. This statute requires the state superintendent to establish criteria for awarding grants under this program.

1989 Wisconsin Act 31 amended the youth alcohol and other drug abuse program under s. 115.362, Stats. The statute requires the state superintendent to establish criteria for awarding grants under this program and to give priority in awarding grants to school districts in which no pupil assistance program is available.

1989 Wisconsin Act 122 created ss. 115.361 (3), (4), (5) and (6), Stats., which establishes grant programs related to families and schools together, pupil alcohol and other drug abuse, after-school and summer school and school counselors, psychologists and social workers, respectively. This act requires the state superintendent to establish criteria for awarding grants under the after-school and summer school programs and to give priority in awarding grants to school districts which have a higher than average dropout rate and use retired teachers in their after-school and summer school programs.

In addition to the grant programs listed above, the proposed rules establish criteria for awarding grants for alcohol and other drug abuse programs, pupil alcohol and other drug abuse programs and school counselors, psychologists and social workers' programs. The proposed rules establish general application requirements for all grant programs under this chapter, except for grants under the pupil alcohol and other drug abuse program, as well as specific application requirements listed under each corresponding section.

The proposed rules create an advisory council to advise the state superintendent in reviewing grant applications submitted under the alcohol and other drug abuse programs.

The proposed rules also establish general requirements, including alcohol and other drug abuse program policies, that must be in place for any school board conducting an alcohol and other drug abuse program. These policies shall do the following:

1. Ensure that administrators and teachers engaging in alcohol and other drug abuse programs receive appropriate training and are aware of the privileged communications requirement under s. 118.126, Stats.

2. Provide for cooperative arrangements with the county department of community programs regarding the availability of alcohol and other drug abuse services as specified under s. 118.24 (2) (f), Stats.

3. Ensure that school administrators, principals, pupil services professionals and teachers are aware of the provisions pertaining to liability for referral to police of pupils to be removed from school grounds or school sponsored activities as a result of suspicion of possession or consumption of an alcoholic beverage or controlled substance under s. 118.257, Stats.

4. Ensure that school administrators, principals, pupil services professionals and teachers employed by the school board are aware of the provisions of s. 118.258, Stats., pertaining to the prohibition of electronic communications devices and that pupils are annually provided with a copy of the board's rules pertaining to this prohibition.

5. Ensure that school administrators, principals, pupil services professionals and teachers employed by the school board are aware of the provisions of s. 120.12 (19), Stats., pertaining to prohibiting the use of all tobacco products on school premises.

The policy requirements under 4 and 5 listed above, are due to the recent enactment of 1989 Wisconsin Acts 121 and 142, pertaining to prohibiting the use or possession of an electronic

paging or 2-way communication device and the use of any tobacco products on school premises, respectively.

The proposed rules establish requirements of a comprehensive K-12 alcohol and other drug abuse program to which grants under this chapter shall be related.

SECTION 1. Chapter PI 32 is created to read:

CHAPTER PI 32
GRANTS FOR ALCOHOL AND OTHER DRUG ABUSE PROGRAMS

PI 32.01 PURPOSE. Under s. 115.36, Stats., public and private schools are encouraged to develop comprehensive kindergarten through grade 12 programs to prevent or ameliorate alcohol and other drug abuse among minors. This chapter sets forth characteristics of a comprehensive kindergarten through grade 12 program including criteria and procedures in awarding grants under the following:

(1) Section 115.36 (3), Stats., which allows the state superintendent to fund school district projects designed to assist minors experiencing problems resulting from the use of alcohol or other drugs or to prevent alcohol or other drug abuse by minors.

(2) Section 115.361 (2), Stats., which allows a school board to apply to the state superintendent for a grant not to exceed $50,000 to fund the costs of contracting with a city or county law enforcement agency to provide drug abuse resistance education to pupils enrolled in grades 5 through 8.

(3) Section 115.361 (3), Stats., which allows a school board to apply to the state superintendent for a grant to fund a families and schools together program designed to identify pupils who are 6 through 11 years of age who have a high risk of dropping out of school, experiencing alcohol and other drug abuse problems or being adjudged delinquent.

(4) Section 115.361 (4), Stats., which allows a school district to apply to the state superintendent for a grant of up to $1,000 to develop education, prevention or intervention programs designed by the pupils enrolled in the school district.

(5) Section 115.361 (5), Stats., which allows a school board with the cooperation and support of a community-based organization to apply to the state superintendent for a grant of up to $30,000 to fund an after-school or summer school program for pupils in grades 1 through 9.

(6) Section 115.361 (6), Stats., which allows a school board to apply to the state superintendent for a one-time grant of up to $20,000 to assist in paying the cost of employing additional licensed school counselors, psychologists and social workers for pupils in the elementary grades.

(7) Section 115.362 (2), Stats., which requires the department to make grants to school districts for the development or expansion of youth alcohol and other drug abuse prevention and intervention, school district-wide kindergarten through grade 12 curriculum; or if the school district has the curriculum described in this subsection, the development or expansion of an alcohol and other drug abuse prevention and intervention program.

PI 32.02 DEFINITIONS. In this chapter:

(1) "After-school program" or "summer school program" means tutoring programs which are offered after regular school hours or in summer sessions for pupils in grades 1 through 9 who exhibit academic deficiencies resulting from poor attendance, poor school work completion or inadequate basic skills development.

(2) "AODA program" means a comprehensive kindergarten through grade 12 alcohol and other drug abuse program as described in s. PI 32.06.

(3) "AODA program coordinator" means a professional school employee holding a license issued by the department under ch. PI 3 who is designated by the school board to administer, coordinate, and implement the AODA program.

(4) "CESA" means a cooperative educational service agency created in ch. 116, Stats.

(5) "Community-based organization" means a private, nonprofit organization which is representative of a community or a significant segment of a community and which provides educational and job training services.

(6) "Council" has the meaning given in s. 115.36 (2) (e), Stats.

(7) "County department of community programs" means the county department of community programs appointed under s. 51.42 (3) (a), Stats.

(8) "Department" means the Wisconsin Department of Public Instruction.

(9) "Intervention" means efforts to respond to and provide appropriate assistance to students who demonstrate behaviors of concern which may indicate an alcohol and other drug abuse problem or who seek help for such problems themselves.

(10) "Law enforcement agency" has the meaning given in s. 165.83 (1) (b), Stats.

(11) "Law enforcement officer" has the meaning given in s. 165.85 (2) (c).

(12) "Membership" has the meaning given in s. 121.004 (5), Stats.

(13) "Prevention" means efforts to provide pupils appropriate information and developmental experiences necessary to make personally and socially responsible decisions regarding their own alcohol and other drug use and non-use; and to cope effectively with the personal and social results of decisions made by others regarding use.

(14) "Pupil assistance program," also referred to as a student assistance program, means an alcohol and other drug abuse support program involving pupils in individual or group settings operating under conditions established by school board policy, rules and responsibilities.

(15) "School board" has the meaning defined in s. 115.001 (7), Stats.

(16) "State superintendent" means the state superintendent of public instruction for the state of Wisconsin.

PI 32.03 GENERAL REQUIREMENTS. (1) AODA PROGRAM POLICIES. A school board conducting an AODA program shall establish policies and procedures which meet the following requirements:

(a) Ensure that administrators and teachers designated to engage in AODA programs under s. 118.126, Stats., have received appropriate training and are aware of the requirements of s. 118.126, Stats.

(b) Provide for cooperative arrangements with the county department of community programs regarding the availability of AODA services as specified under s. 118.24 (2) (f), Stats.

(c) Ensure that school administrators, principals, pupil services professionals and teachers employed by the school board are aware of the provisions under s. 118.257, Stats., pertaining to liability for referral to police, when referring pupils to law enforcement authorities for removal from school grounds or school sponsored activities as a result of suspicion of possession or consumption of an alcoholic beverage or controlled substance.

(d) Ensure that school administrators, principals, pupil services professionals and teachers employed by the school board are aware of the provisions of s. 118.258, Stats., pertaining to the prohibition of electronic communications devices and that pupils are annually provided with a copy of the board's rules pertaining to this prohibition.

(e) Ensure that school administrators, principals, pupil services professionals and teachers employed by the school board are aware of the provisions of s. 120.12 (19), Stats., pertaining to prohibiting the use of all tobacco products on school premises.

(2) GRANT APPLICATION REQUIREMENTS. Annually, except for those applying for grants under s. PI 32.10, the grant applicant under this chapter shall include the following in its grant applications:

(a) Evidence of the need for the grant.

(b) The name of the AODA program coordinator, and evidence that the AODA program coordinator meets the requirements under s. PI 32.06 (8).

(c) A description of how the proposed program activities will be integrated with the school district's AODA program as specified in s. PI 32.06.

(d) A description of personnel involved in developing the proposed program activities including the resource materials and other related AODA programs reviewed.

(e) An outline of the proposed program goals, objectives, activities, personnel to be involved, materials to be developed or acquired, and related timelines.

(f) A description of how the proposed program activities will be evaluated including quantifiable data which will be used to determine the extent to which the program objectives were met.

(g) A description of how the program activities will continue after the grant period is completed.

(h) Any additional requirements specified under ss. PI 32.07 to 32.13.

PI 32.04 ADVISORY COUNCIL. (1) An 18 member council, selected from local educational agency staff, professionals in the AODA field and various interest groups, shall be appointed by and advise the state superintendent concerning the administration of s. 115.36 (3), Stats., and other matters related to AODA programs as the state superintendent requests.

(2) Council members shall be appointed to staggered 3-year terms.

(3) Council members may not serve more than 2 consecutive 3-year terms.

(4) The state superintendent may withdraw an appointment of a council member who fails to attend 3 consecutive meetings.

(5) The council chairperson shall be elected annually from the council's membership. The term shall begin on July 1 and conclude on the following June 30.

PI 32.05 REVIEW OF APPLICATIONS AND AWARDING OF GRANTS. (1) The council under s. PI 32.04 shall review the applications submitted under s. 32.07 and any other applications under this chapter as requested by the state superintendent and make recommendations to the state superintendent regarding the school district applications. These recommendations shall be based on the criteria specified in sub. (2) (a) to (d) and consideration of recommendations made by the county department of community programs.

(2) The state superintendent shall review the applications submitted under ss. PI 32.07 to 32.13 and consider the recommendations made by the council under sub. (1) and shall determine which of the applications eligible for funding will receive grants. The state superintendent shall make this determination based on the following criteria:

(a) The extent to which the goals and objectives relate to the purpose of the proposed program.

(b) The extent to which the program activities are appropriate to the goals and objectives of the proposed program.

(c) The extent to which the proposed program activities will be integrated with the school district's existing or proposed AODA program and will assist the district in meeting the requirements of s. PI 32.06.

(d) The adequacy of the schedule of implementation and the extent to which continuation of program activities is ensured after the grant period is completed.

(3) To the extent possible, the grant shall be distributed equally throughout the state.

PI 32.06 COMPREHENSIVE KINDERGARTEN THROUGH GRADE 12 ALCOHOL AND OTHER DRUG ABUSE PROGRAMS. Under s. 115.36 (1), Stats., every public and private school is encouraged to develop AODA programs to prevent or ameliorate alcohol and other drug abuse among minors. Sections 115.36 (3), 115.361 (2), 115.361 (3), 115.361 (5), 115.361 (6) and 115.362 (2), Stats., provide for grants to assist school districts in developing or supplementing AODA programs. An AODA program shall meet the requirements specified in s. PI 32.03 (1) and consist of the following:

(1) Alcohol and other drug abuse specific curriculum and instruction which meets all of the requirements of s. 118.01 (2) (d) 2, c and 6, Stats., and which:

(a) Is developmentally appropriate, sequential and mandatory at each grade level.

(b) Is based on scientifically valid, current, unbiased, and accurate information and which avoids scare tactics, stereotyping, and moralizing.

(c) Is integrated with existing curricula and related activities such as developmental guidance, health, science, social studies, driver's education, physical education, children at risk, youth suicide prevention, and school age parents.

(d) Includes, but is not limited to, communication, problem solving, decision-making, dealing effectively with peer pressure, critical thinking, stress reduction, self-improvement and positive self-esteem skills development.

(e) Includes information on state laws related to alcohol and other drug abuse including s. 48.34 (7m), Stats., pertaining to findings of delinquency; s. 118.258, Stats., pertaining to the prohibition of electronic communication devices; s. 118.126, Stats., pertaining to privileged communications; s. 125.02 (8m), Stats., pertaining to the legal drinking age and s. 125.09 (2), Stats., pertaining to possession of alcohol beverages on school grounds.

(2) A written school district policy which supports comprehensive alcohol and other drug abuse programming including pupil assistance programs, curriculum, instruction, staff development and youth oriented activities. The policies shall be widely publicized and include:

(a) Involvement of staff, parents, pupils and community in formulating the policies.

(b) Assurances that the school district policies are in compliance with applicable federal, state and local law.

(c) Administrative guidelines to ensure that all school district personnel understand their roles and responsibilities under the policies.

(d) Procedures for staff or parents to refer for assistance pupils with AODA related problems as well as procedures for pupil self-referrals.

(e) Measures designed to eliminate alcohol, tobacco and other drug use on school premises and at school related functions.

(f) Procedures for assisting pupils who are reentering school as a result of AODA related treatment, suspension or expulsion.

(g) Procedures for implementation of penalties and consequences for violation of school board policies related to AODA use.

(h) Methods to ensure that penalties are uniformly and fairly applied.

(3) A pupil assistance program.

(4) Programs which employ peer-to-peer educational, assistance and leadership activities.

(5) Promotion of AODA free activities for pupils, such as students against driving drunk chapters and just say no clubs.

(6) Training about AODA for administrators, teachers, other school staff, support staff, and parents.

(7) Integration of community resources and support services including, but not limited to, human services providers, private treatment providers, law enforcement officers, and judicial personnel.

(8) An AODA program coordinator who is provided with time to coordinate the alcohol and other drug abuse program and who has received training or otherwise acquired skills and knowledge in the following areas:

(a) Basic AODA information including related state and federal laws and the continuum of alcohol and other drugs use, abuse and dependence and their effects on the individual, family and other systems.

(b) AODA program development, implementation, management and evaluation.

(c) AODA program components including, but not limited to, curriculum development, peer-to-peer activities and pupil assistance services including screening and referral procedures and group facilitation.

(9) An annual evaluation of the AODA program which measures program effort, effectiveness and efficiency including outcome data specific to pupils served in the program.

PI 32.07 GRANTS FOR ALCOHOL AND OTHER DRUG ABUSE PROGRAMS. (1) Under s. 115.36 (3), Stats., the state superintendent may fund school district projects designed to assist minors experiencing problems resulting from the use of alcohol or other drugs or to prevent alcohol or other drug abuse by minors.

(2) In addition to the grant application requirements under s. PI 32.03 (2), the application shall include the following:

(a) A description of community agencies, organizations, groups, parents and other individuals involved in developing the proposed program.

(b) A description of training to be provided, when, for whom and for what purpose.

(c) A description of the resources and funds necessary to implement the project including associated administrative costs.

(d) A budget which describes how the matching fund contribution of 20% required under s. 115.36 (3) (c), Stats., will be met. Private and in-kind contributions may be applied to meet this requirement.

(3) The grant applicant may not use the funds to supplant any funds which are otherwise available for the proposed project.

(4) The grant applicant shall submit a copy of the proposed project to the county department of community programs for advisory review as specified under s. 115.36 (3) (d), Stats, prior to its submittal to the state superintendent.

(5) The county department of community programs may and the council shall submit an advisory recommendation to the state superintendent. An advisory recommendation from the county department of community programs must be received by the department not later than 5 days after the deadline for receipt of project proposals.

Note: Form PI-1816, Application for Alcohol and Other Drug Programs, may be obtained at no charge from the Department of Public Instruction, Bureau for Pupil Services, P.O. Box 7841, Madison, WI 53707-7841.

PI 32.08 GRANTS FOR DRUG ABUSE RESISTANCE EDUCATION PROGRAMS. (1) Under s. 115.361 (2), Stats., a school board may apply to the state superintendent for a grant to fund the costs of contracting with a city or county law enforcement agency to provide drug abuse resistance education to pupils enrolled in grades 5 through 8. No grant may exceed $50,000.

(2) In addition to the grant application requirements under s. PI 32.03 (2), the application shall include the following:

(a) A copy of an interagency agreement between the law enforcement agency and the school district, signed by the respective agency administrators, and including the following assurances:

1. The law enforcement agency shall make the law enforcement officer available on the designated days of instruction.

2. The law enforcement agency shall ensure that the law enforcement officer receives certified drug abuse resistance instructor training as specified in sub. (4).

3. The law enforcement officer shall plan instruction and other related activities with the AODA program coordinator, building principal and classroom teacher.

4. The law enforcement officer shall conduct 17 one-hour sessions which are, to the extent possible, held over 17 consecutive weeks.

5. The school district shall provide classroom space and allot one hour weekly for the drug abuse resistance education classroom instruction.

6. A department licensed school staff member shall be present in the classroom while the law enforcement officer presents the drug abuse resistance instruction.

(b) A budget which shall ensure and provide for the following:

1. A grant applicant shall use the grant to fund up to 100% of the cost of the classroom materials for the program in this section.

2. A grant applicant shall use the grant to fund not more than 80% of the costs of the contract in this section. The budget shall include a description of how the remaining 20% will be provided. Private and in-kind contributions may be used.

(3) Drug abuse resistance education instruction shall be provided by law enforcement officers employed by the county or city who have been specially trained to provide such instruction as specified in sub. (4). The law enforcement officers may use guest lecturers and others to assist in providing instruction.

(4) Law enforcement officers shall be trained through the sheriff's department of a county having a population of 500,000 or more, or a program that provides comparable training which shall include a minimum of 80 classroom hours of the following:

(a) Child development.
(b) Classroom management.
(c) Teaching techniques.
(d) Communication skills.
(e) Drug abuse training.
(f) Presentation of the drug abuse resistance education curriculum to other trainees.

(5) The drug abuse resistance education curriculum shall include activities and instruction related to the following:

(a) Drug use and the consequences involved.
(b) Resisting pressure to take drugs.
(c) Importance of using positive role models.
(d) Building of self-esteem.

Note: Form PI-1828, Application for Alcohol and Other Drug Programs, Project Grants/DARE, may be obtained at no charge from the Department of Public Instruction, Bureau for Pupil Services, P.O. Box 7841, Madison, WI 53707-7841.

PI 32.09 GRANTS FOR FAMILIES AND SCHOOLS TOGETHER PROGRAMS. (1) Under s. 115.361 (3), Stats., a school board may apply to the state superintendent for a grant to fund a families and schools together program designed to identify pupils who are 6 through 11 years of age who have a high risk of dropping out of school, experiencing alcohol and other drug abuse problems or being adjudged delinquent.

(2) In addition to the grant application requirements under s. PI 32.03 (2), the application shall include the following:

(a) A description of how the program in this section provides prevention and early intervention activities involving joint participation of school, family and community agencies, including mental health and alcohol and other drug abuse program specialists.

(b) A written plan of operation which may include a contract between the school board and a private, nonprofit organization for the families and schools together program.

(3) (a) No grant may exceed $50,000 for school districts with small and medium memberships.

(b) No grant may exceed $70,000 for school districts with large memberships.

(c) School district membership shall be determined by dividing the total number of school districts into thirds, by membership. The top third, by membership, shall be designated large school districts; the middle third, by membership, shall be designated medium school districts; and the bottom third, by membership, shall be designated small school districts.

Note: Form PI-1813, Application for Alcohol and Other Drug Programs, Project Grants/fast, may be obtained at no charge from the Department of Public Instruction, Bureau for Pupil Services, P.O. Box 7841, Madison, WI 53707-7841.

PI 32.10 GRANTS FOR PUPIL ALCOHOL AND OTHER DRUG ABUSE PROGRAM PROJECTS. (1) Under s. 115.361 (4), Stats., the state superintendent may award grants to a participating school district for alcohol and other drug abuse education, prevention or intervention programs designed by the pupils enrolled in the school district. No grant may exceed $1,000.

(2) The application under this section shall include the following:

(a) A description of the program and activities to be developed and implemented by pupils and whether they are being implemented at a building, district or community level.

(b) An outline of the proposed program goals, objectives, activities, personnel to be involved, materials to be developed or acquired and related timelines.

(c) A description of how the proposed program activities will be evaluated to determine the extent to which the objectives were met.

Note: Form PI-2391, Application for Alcohol and Other Drug Education Network, Student Alcohol and Other Drug Mini-Grants, may be obtained at no charge from the Department of Public Instruction, Bureau for Pupil Services, P.O. Box 7841, Madison, WI 53707-7841.

PI 32.11 GRANTS FOR AFTER-SCHOOL AND SUMMER SCHOOL PROGRAMS. (1) Under s. 115.361 (5), Stats., a school board with the cooperation and support of a community-based organization, may apply to the state superintendent for a grant to fund an after-school or summer school program for pupils in grades 1 through 9. No grant may exceed $30,000.

(2) In addition to the application requirements under s. PI 32.03 (2), the application shall include the following:

(a) A description of how the program in this section is coordinated with the school district's program for children at risk under s. 118.153, Stats., and the school district's AODA program.

(b) A description of the methods used to identify the pupils to be served in the program and the special skills and interests of the individual pupils and the methods used to help them develop those skills and interests.

(c) A description of how retired teachers will be used in the program if the school district chooses to use retired teachers.

(d) A budget which includes a description of all cash or in-kind contributions which will be used to support the program. The amount of the grant awarded may not:

1. Exceed 80% of the cost of the project, including in-kind contributions.

2. Be used to pay more than 7% of the program administration costs of the school district.

(e) A description of how the program in this section will be coordinated with community-based organizations and how parents will be involved.

(f) A description of the tutoring program, including the number of teachers participating, teacher qualifications and number of pupils to be served.

(3) Grants shall be awarded to school boards as specified under s. 115.361 (5) (b), Stats., only if the following apply:

(a) The program identifies the special skills and interests of individual pupils and helps them develop those skills and interests.

(b) The program coordinates with the school district's program for children at risk under s. 118.153, Stats., and the school district's alcohol and drug abuse prevention program.

(c) The program includes a school tutoring program operated by the school board or the community-based organization for pupils in grades 1 through 9 who are one or more years behind their age group in reading, writing or mathematics or who exhibit other significant academic deficiencies, including poor school attendance or school work completion problems, based on written criteria adopted by the school board.

(d) The school district's dropout rate is higher than the state average.

(4) Preference in awarding grants to school districts shall be given to programs that use retired teachers.

(5) In determining whether to award a grant, the state superintendent may consider if any of the following applies to the program:

(a) The tutoring program provides at least one instructor for every 6 pupils.

(b) The school district supplies the instructional materials.

(c) The tutoring program serves at least 18 pupils each week.

Note: Form PI-1814, Application for Alcohol and Other Drug Programs, Project Grants for After School and Summer Programs, may be obtained at no charge from the Department of Public Instruction, Bureau for Pupil Services, P.O. Box 7841, Madison, WI 53707-7841.

PI 32.12 GRANTS FOR SCHOOL COUNSELORS, PSYCHOLOGISTS AND SOCIAL WORKERS.

(1) Under s. 115.361 (6), Stats., a school board may apply to the state superintendent for a one-time grant to assist in paying the cost of employing additional licensed school counselors, psychologists and social workers for pupils in grades kindergarten through 6. No grant may exceed $20,000.

(2) In addition to the application requirements under s. PI 32.03 (2) the application shall include the following:

(a) A description of how the school counselor, psychologist or social worker will be involved in the district's AODA program.

(b) A budget which describes how the matching fund contribution required under s. 115.361 (6) is met. Matching funds may include private contributions.

Note: Form PI-1807, Application for Alcohol and Other Drug Programs, Project Grants for Pupil Services Team, may be obtained at no charge from the Department of Public Instruction, Bureau for Pupil Services, P.O. Box 7841, Madison, WI 53707-7841.

PI 32.13 GRANTS FOR YOUTH ALCOHOL AND OTHER DRUG ABUSE PROGRAMS. (1) Under s. 115.362 (2), Stats., school districts, or school districts on a cooperative basis with one or more school districts, CESAs or county handicapped children's education boards may apply to

the state superintendent for a grant for any of the following:

(a) The development or expansion of a school district-wide, kindergarten through grade 12 curriculum in the prevention of and intervention in AODA.

(b) If a school district has a curriculum described in par. (a), the development or expansion of an AODA prevention and intervention program which shall include the following activities:

1. Teachers and other school staff members will receive training in the prevention of pupils' alcohol and other drug abuse.

2. A pupil assistance program shall be provided.

3. An alcohol and other drug abuse education curriculum for grades kindergarten through 12 as specified in s. PI 32.06 shall be developed and implemented.

4. Alcohol and other drug abuse instruction shall be provided to pupils as specified in s. PI 32.06 (1) (d).

5. Teachers and other school staff will be provided with release time from other duties in order to enable them to participate in training programs and in pupil assistance programs.

(2) The program developed under sub. (1) (b), to the greatest extent possible, shall involve pupils, parents, professional school staff, treatment professionals, law enforcement officers and court personnel in the development and implementation of the program activities conducted under this section.

(3) In addition to the application requirements under s. PI 32.03 (2), the application shall include the following:

(a) A description of how the school district will provide alcohol and other drug abuse related instruction to pupils as specified in s. PI 32.06 (1) (d).

(b) A description of community agencies, organizations, groups, parents and other individuals involved in developing the proposed program.

(c) A description of training to be provided, when, for whom and for what purpose.

(d) A description of pupil assistance program components currently operating in the district.

(e) A description of the resources and funds necessary to implement the proposed program including the associated administrative costs.

(4) The grant applicant may not use the funds to supplant any funds which are otherwise available for the proposed project.

(5) Priority in awarding grants shall be given to grant applicants that have no pupil assistance program available.

Note: Form PI-1816, Application for Alcohol and Other Drug Programs, may be obtained at no charge from the Department of Public Instruction, Bureau for Pupil Services, P.O. Box 7841, Madison, WI 53707-7841.

Selected Resources

The following resources are a representative sample of the types of materials available for use in school-related alcohol and other drug abuse prevention efforts. Inclusion in this appendix does not constitute an endorsement.

All materials except those marked with an asterisk (*) may be purchased through the Wisconsin Clearinghouse, 315 N. Henry St., P.O. Box 1468, Madison, WI, 53701. Some items are available in limited quantities at no charge. The Clearinghouse also distributes posters, curricula, and a wide variety of other materials. For information, call toll-free 1-800-322-1468.

Teachers / Counselors

Pamphlets

Alcohol and Marijuana Information for Teens. Excerpted from *You Asked for It.*

Drug Abuse Information Series (for middle schools).

A series of easy-to-read publications on the overall topic of drugs, and specifically on alcohol, depressants, hallucinogens, marijuana, stimulants, and cocaine/crack. In English and Spanish.

Drug Prevention Curricula. U.S. Department of Education.

What to look for in adapting ready-made curricula and important lessons that should be part of any prevention education sequence.

The Fact Is...You Can Prevent Alcohol and Other Drug Problems Among Elementary School Children.

An extensive list of resources to teach children between the ages of 4 and 12 years old to choose healthy alternatives to alcohol and other drugs.

How You Can Help a Student with an Alcohol or Other Drug Problem.

Warning signs and detailed information on how and where to find help.

If a Child From An Alcoholic Home Comes to You.

Suggestions for talking with children, with "do's and don'ts" for children themselves.

Books and Booklets

Alcohol, Drugs, Driving and You.

(ADDY) Teacher's manual, student activity kit, assembly kit, and related materials.

Communicating With Youth About Alcohol: Methods, Message and Materials.

Tips on identifying messages that work, reaching different age groups, and developing materials that work.

You Asked for It: Information on Alcohol, Other Drugs and Teenagers.

Special attention is given to alcohol and marijuana, drugs and driving, school, health, and other issues.

Other Resources

Delinquents and Drugs: What the Evidence Suggests About Prevention and Treatment Programming, by David Hawkins, et al. Wisconsin Clearinghouse, Madison, WI, 1987.

A review of problems and solutions.

DIADS: Drug Information, Assessment and Decisions for Schools.

Apple and D.O.S. software for schools to use in planning, evaluating, and improving their prevention programs.

Resilience Among High-Risk Youth, by Kevin McIntyre, et al. Wisconsin Clearinghouse, Madison, WI, 1990.

A review of the research on protective factors and risk factors, explaining why some children avoid or survive risks and others do not.

Substance Abuse Among Black Youth
Substance Abuse Among Latino Youth
Substance Abuse Among Native American Youth
Substance Abuse Among Asian American Youth

Research reviews edited by Gregory Austin of the Western Center for Drug-Free Schools and Communities, 1989.

Toward a Drug-Free Generation: A Nation's Responsibility.

The final report of the National Commission on Drug-Free Schools (1990), this comprehensive publication covers issues from school and community policies to curriculum, support groups, evaluation, research on effective programs, and strategies for change.

What Works? A Guide to School-Based Alcohol and Drug Abuse Prevention Curricula. Health Promotion Resource Center, Stanford Center for Research In Disease Prevention, Palo Alto, CA, 1990.

The Wisconsin Study: Alcohol and Other Drug Use.

A comprehensive report on the extent of student use of alcohol and other drugs.

Peer Programs / Student Support Groups

The Wisconsin Peer Helpers Association offers basic information, resource guides, and other materials to members and interested parties. The Association may be reached c/o The Wisconsin Prevention Network, P.O. Box 1092, Madison, WI, 53701, (608) 246-7606. Ask for Bibliographic Resources for Peer Helping Programs for a more complete list.

Pamphlets

The Fact Is...You Can Start a Student Assistance Program.

An overview of what SAPs are about, describing three examples and a list of resources.

How a Teen Can Help a Friend With Alcohol or Other Drug Problems.

About the importance of helping friends realize how their alcohol or other drug use affects them and others around them. Tips on how and where to find help.

Someone Close Drinks Too Much.

Advice in three steps—learning, guiding, and supporting—on how to cope with a problem drinker.

Books and Booklets

Different Like Me, by Evelyn Leite and Pamela Espeland, about the problems of chemical dependence and the family. Johnson Institute, Minneapolis, MN. 1988.

From Peer Pressure to Peer Support: Alcohol/Drug Prevention Through Group Process; A Curriculum for Grades 7-12. Johnson Institute, Minneapolis, MN, 1989.

**Helping Skills for Teenagers*, by Carol Troestler, Pathway Center, Prairie du Sac, WI, 1989.

**Natural Helpers: A Peer Support Program, and Naturally: A Leader's Guide.* Comprehensive Health Education Foundation (CHEF), Seattle, WA, 1982.

Peer Helper Training Manual.

How to organize, plan, and implement programs for teens to help their peers with academic, social, and personal problems. National Institute of Mental Health.

Students Aware, Students Concerned and Students Recovering.

Three three-ring binders with a total of more than 60 activities for student support groups, from PICADA, the Prevention and Intervention Center of Alcohol and Drug Abuse, Madison, WI.

Teens Teaching Teens (PICADA 3T): A Peer Education Program.

Curriculum for cross-age peer education on alcohol and other drug education. PICADA, Madison, WI.

**When Chemicals Come to School: The Student Assistance Program Model*, by Gary Anderson. Johnson Institute, Minneapolis, MN.

The basic guide to establishing and maintaining an effective Student Assistance Program.

Parents

Pamphlets

Children of Alcoholics: The Truth Behind Hard Love.

An overview of the common problems, life issues, and situations that children of alcoholics face.

How a Parent Can Help a Child with Alcohol or Other Drug Problems.

A review of the warning signs of alcohol and other drug use, tips on talking to a son or daughter about the problem, and suggestions for finding help.

I Need to Be Me: The Emergence of Self.

About the power of positive parenting and building self-esteem in young children.

Like Parent, Like Child? How Children Reflect Their Parents' Behaviors and Attitudes About Alcohol.

Describes the importance of family influences on drinking and drug use.

Los Ninos y Las Drogas.

Spanish version of the PTA pamphlet Young Children and Drugs.

Parents' Self-Test: A Guide for Helping Parents Assess Their Own Drug Use.

22 questions help focus on alcohol and other drug-related attitudes and behaviors which children are likely to copy.

Young Children and Drugs: What Parents Can Do.

Information on parent role modeling, building self-esteem, effective communication, and how to avoid problems with alcohol and other drugs. Developed for the National PTA.

Who's Sending Your Signals? The Influence of Peers and Background on Alcohol-Related Decisions.

How beliefs, attitudes, and ways of life affect what we do, especially as adolescents.

Parents' Guide to Teenage Parties.

Party hosting tips and ideas for helping teens have a good time, safely.

Books and Booklets

After Sugar and Spice: A Manual for Parents about Daughters, Drugs and Prevention.

What parents can do about the special risks girls face from the time they are toddlers through the teen years.

Family Times.

An activity workbook for all kinds of families with all ages of children, to improve communication and understanding, and to build trust, self-esteem, and caring.

**Growing Up with My Children: Reflections of a Less Than Perfect Parent,* by Ellen Walker. Hazeldon, Center City, MN, 1988.

**How to Talk So Kids Will Listen and Listen So Kids Will Talk*, by Adele Faber and Elaine Mazlish, Avon Books, New York, NY, 1980.

**My Parents Are Driving Me Crazy*, by Joyce Vedral. Ballantine Books, New York, NY, 1986.

The Party's Over: Helping Your Guest Get Home Safely.

A guide for adults, this booklet tells how to prevent someone from driving under the influence.

Responsible Party Hosting Ideas for Adults.

Recipes for non-alcoholic drinks and party snacks, games and activity suggestions, tips for hosting and getting guests home safely.

Start at Home: A Parent's Guide to Alcohol and Drug Abuse Prevention.

Ideas and techniques for using refusal skills in real-life situations, handling peer pressure, and finding alternatives to alcohol and other drugs.

10 Steps to Help Your Child Say No: A Parent's Guide .

Practical tips for parents.

Who's Raising the Family? A Workbook for Parents and Children.

Preventing problems by enhancing relationships and communications in the family.

"Yes, You May Use the Car, But First..." A Parent / Teen Discussion Guide.

Role-playing situations and tips for keeping communication open between parents and teens, especially on the topic of drinking and driving. Part of the "Alcohol, Drugs, Driving and You (ADDY)" curriculum.

Resources for Alcohol and Other Drug Abuse Prevention: Organizations and Agencies

As of 1991 the most comprehensive and up-to-date directory of national and state organizations is the *Citizen's Alcohol and Other Drug Prevention Directory: Resources for Getting Involved,* published

by the federal Office of Substance Abuse Prevention. With lists of public and private agencies and descriptions of programs and services, the directory is available at no charge from the Wisconsin Clearinghouse, P.O. Box 1468, 315 N. Henry St., Madison, WI, 53701.

The Wisconsin Clearinghouse is the official Regional Alcohol and Drug Abuse Resource (RADAR) center for Wisconsin.

National

For additional information on agencies, organizations, research, prevention programs, training, conferences, and related alcohol and other drug abuse prevention issues, contact the National Clearinghouse for Alcohol and Drug Information (NCADI), 6000 Executive Blvd., P.O. Box 2345, Rockville, MD, 20852, (301) 468-2600, (800) SAY NO TO.

American Council for Drug Education
204 Monroe St., Suite 110
Rockville, MD 20850
(301) 294-0600

Johnson Institute
7151 Metro Boulevard, Suite 250
Minneapolis, MN 55435
(612) 944-0511, (800) 231-5165

Midwest Regional Center for Drug-Free Schools and Communities
North Central Regional Educational Laboratory
1900 Spring Road, 3rd Floor
Oak Brook, IL 60521
(708) 941-7677

Mothers Against Drunk Driving (MADD)
511 E. John Carpenter Freeway, Suite 700
Irving, TX 75062
(214) 744-6233

National Association of Children of Alcoholics (NACoA)
31582 Coast Highway, Suite B
South Laguna, CA 92677
(714) 499-3889

National Association of Prevention Professionals and Advocates (NAPPA)
1228 East Breckanridge St.
Louisville, KY 40204
(502) 583-6820

National Council on Alcoholism and Drug Dependence (NCADD)
12 West 21st St.
New York, NY 10010
(212) 206-6770 (800) NCA-CALL

National Crime Prevention Council
733 15th Street, N.W., Suite 540
Washington, D.C. 20005
(202) 393-7141

National Highway Traffic Safety Administration
Traffic Safety Programs (NTS-21)
400 Seventy Street, N.W.
Washington, D.C. 20590
(202) 366-2721

National Organization of Student Assistance Programs and Professionals (NOSAPP)
250 Arapahue, Suite 301
Boulder, CO 80302
(303) 443-5696 (800) 972-4636

National PTA
700 N. Rush St.
Chicago, IL 60611
(312) 787-0977

National Peer Helpers Association
P.O. Box 335
Mountain View, CA 94042
(415) 965-4011

Parents' Resource Institute for Drug Education, Inc. (PRIDE)
50 Hurt Plaza, Suite 210
Atlanta, GA 30303
(404) 577-4500 (800) 677-7433

Students Against Driving Drunk (SADD)
P.O. Box 800
Marlboro, MA 01752
(508) 481-3568

U.S. Department of Health and Human Services
Health Information Center
P.O. Box 1133
Washington, D.C. 20013
(800) 336-4797 (800) 565-4167

Wisconsin

Alliance for a Drug-free Wisconsin
125 S. Webster St.
Madison, WI 53707
(608)266-9923

Office of Justice Assistance
30 W. Mifflin St., Suite 300
Madison, WI, 53702
(608) 266-3323

The Prevention and Intervention Center for Alcohol and Other Drug Abuse (PICADA)
2000 Fordem Ave.
Madison, WI 53704
(608) 246-7600

University of Wisconsin-Extension
Bureau of Audiovisual Instruction
1327 University Ave.
P.O. Box 2093
Madison, WI 53701-2093
(800) 362- 6888
(608) 262-1644 or (608) 262-3902

University of Wisconsin-Madison
Department of Health and Human Issues
Alcohol and Other Drug Studies
326 Lowell Hall
610 Langdon St.
Madison, WI 53703
(608) 263-7023

Wisconsin Association on Alcohol and Other Drug Abuse
2801 W. Beltline Highway, #235
Madison, WI 53713
(608) 273-8616

Wisconsin Association for Children of Alcoholics
P.O. Box 13643
Milwaukee, WI 53213
(414) 282-0328

Wisconsin Department of Public Instruction
Bureau for Pupil Services
Alcohol and Other Drug Section
125 S. Webster St.
P.O. Box 7841
Madison, WI 53707-7841
(608) 266-0963

Wisconsin Federation of Parents for Drug-free Youth
P.O. Box 150
Mishicot, WI 54228
(414) 755-4516

Wisconsin Clearinghouse for Alcohol and Other Drug Information
315 N. Henry St.
P.O. Box 1468
Madison, WI 53701
(608) 263-2797 (800) 322-1468

Wisconsin Department of Health and Social Services
Office of Alcohol and Other Drug Abuse
Room 434, 1 W. Wilson St.
P.O. Box 7851
Madison, WI 53707-7851
(608) 266-2717

Wisconsin Department of Transportation
Document Sales
3617 Pierstorff St.
P.O. Box 7713
Madison, WI 53707-7713
(608) 246-3265

Wisconsin Positive Youth Development Initiative, Inc.
112 State St., Suite 310
Madison, WI 53703
(608) 255-6351

Wisconsin Prevention Network
P.O. Box 1092
Madison, WI 53701-1092

Comprehensive AODA Program Checklist

Criteria	Degree Criterion is Met *Circle* appropriate number. To Some Degree				
	Completely	75%	50%	25%	Not at All
I. IMPLEMENTATION AND INTEGRATION					
1. Student use and attitude survey has been conducted within the past three years.	4	3	2	1	0
2. Ongoing informal/formal appraisal conducted on a regular basis.	4	3	2	1	0
3. Staff, students, and community informed of appraisal.	4	3	2	1	0
4. Records are kept for evaluation of program.	4	3	2	1	0
5. Advisory committee formed with broad community and school representation.	4	3	2	1	0
6. District has an Alcohol and Other Drug Abuse (AODA) policy for students that emphasizes nonuse and provides avenues for referral and assistance.	4	3	2	1	0
7. District has an AODA policy for employees that provides avenues for referral and assistance.	4	3	2	1	0
8. Policies were developed with input from school and community personnel.	4	3	2	1	0
9. Policies are clearly communicated to staff, students, and parents on an annual basis.	4	3	2	1	0
10. District has developed a long-range plan for comprehensive AODA programs which include training and release time.	4	3	2	1	0
11. District has an AODA coordinator with AODA training and release time.	4	3	2	1	0
12. AODA program is integrated with other school programs such as At Risk, School Age Parents, and academic subjects.	4	3	2	1	0
13. AODA program is integrated with outside agencies such as law enforcement, social services, justice, etc.	4	3	2	1	0
II. PROGRAMS FOR STUDENTS/COLLATERAL PROGRAMS FOR ADULTS					
1. Parents are provided educational opportunities for learning about AODA.	4	3	2	1	0
2. District offers general awareness programs to the community, staff, students, and parents.	4	3	2	1	0
3. District has a parent-to-parent network.	4	3	2	1	0
4. Parents have an active role in implementing some components of the AODA program.	4	3	2	1	0
5. District has an Employee Assistance Program.	4	3	2	1	0
6. District has peer programs such as peer helpers, peer educators, etc.	4	3	2	1	0
7. District provides drug free alternative activities.	4	3	2	1	0
8. District has K-12 Student Assistance Program (SAP) in place.	4	3	2	1	0
9. Teachers are provided stipends/release time to cofacilitate groups.	4	3	2	1	0
10. Basic AODA training is provided by district.	4	3	2	1	0
11. Advanced AODA training is provided by district.	4	3	2	1	0
12. Group facilitation training is provided by district.	4	3	2	1	0
13. AODA curriculum training is provided by district.	4	3	2	1	0
14. Peer training is provided by district.	4	3	2	1	0

II. PROGRAMS FOR STUDENTS/COLLATERAL PROGRAMS FOR ADULTS (continued)

Criteria	Degree Criterion is Met *Circle* appropriate number. To Some Degree				
	Completely	75%	50%	25%	Not at All
15. AODA coordinator training is provided by district.	4	3	2	1	0
16. Inservices on AODA provided annually.	4	3	2	1	0
17. District administrator has participated in AODA training.	4	3	2	1	0
18. What percent of school staff have participated in AODA training?	4	3	2	1	0
19. What percent of students have participated in AODA training?	4	3	2	1	0
20. What percentage of school board members have participated in AODA training?	4	3	2	1	0
21. What percent of student athletes have received AODA training?	4	3	2	1	0
22. What percent of coaches have received AODA training?	4	3	2	1	0
23. What percent of building principals have received AODA training?	4	3	2	1	0
III. AODA CURRICULUM					
1. District has a K-12 AODA specific curriculum that is developmentally appropriate, sequential, and mandatory at every grade level.	4	3	2	1	0
2. AODA curriculum is provided for all students including exceptional and gifted and talented.	4	3	2	1	0
3. Curriculum is up to date and accurate.	4	3	2	1	0
4. Curriculum is reviewed periodically to check for relevance and effectiveness.	4	3	2	1	0
5. Coordinates with and involves other disciplines at each grade level (e.g., health, literature, science, social studies).	4	3	2	1	0
6. Includes a continuum of knowledge and life skill competencies that will affect the decisions students have to make about AODA issues.	4	3	2	1	0
7. Contains a mechanism for continuing evaluation and revisions of curriculum material to incorporate current information.	4	3	2	1	0
8. Demonstrates sensitivity to the specific needs of the local school and community in terms of cultural appropriateness and local AODA problems.	4	3	2	1	0
9. Includes appropriate information on intervention and referral services including community AODA programs.	4	3	2	1	0
10. Uses peer education with students trained to provide information, facilitate discussion, and demonstrate skills to other students.	4	3	2	1	0

TOTALS

For DPI Use						
	Section I Totals					
	Section I Total Score					
	Section II Totals					
	Section II Total Score					
	Section III Totals					
	Section III Total Score					
	Column Totals					
	DISTRICT TOTAL— Add the Total Score from Sections I, II, & III					
	Total Points Possible					184

Glossary

51.42: named after a Wisconsin state statute that requires counties to have a board providing services in alcohol and other drug abuse, developmental disabilities, and mental health.

AA: Alcoholics Anonymous.

ACOA: Adult Children of Alcoholics.

ACOSA: Adult Children of Substance Abusers.

Affected family members: those people related by blood, marriage, or circumstance to a chemically dependent person; especially the spouse and children who actually live with the chemically dependent person.

Aftercare: a multifaceted plan of action reflecting long-term goals of the treatment program by encouraging clients to pursue activities that will help them maintain a drug-free lifestyle.

Alanon: a self-help support group for anyone affected by another person's use of alcohol and other drugs.

Alateen: a self-help support group for adolescents affected by another person's use of alcohol and other drugs.

AOD: alcohol and other drugs.

AODA: alcohol and other drug abuse.

AOD continuum of use:

Nonuse—no alcohol or other drugs.

Use—a reasonable ingestion of alcohol or other drugs, for a clearly defined, beneficial purpose, in a manner that is regulated by that purpose.

Misuse—an unreasonable ingestion of alcohol or other drugs that is always potentially harmful to the misuser, is not controlled by a beneficial purpose, and employs the alcohol or other drugs inappropriately, improperly, or in a manner beyond their intended purpose.

Abuse—an unreasonable ingestion of alcohol or other drugs that causes actual harm or injury to the abuser and ordinarily to others.

Chemical dependency—a chronic, progressive, incurable but treatable disease characterized by loss of control over alcohol or other drugs.

AODA Program Coordinator: a professional school employee holding a license issued by the Department of Public Instruction under Ch. PI 3 who is designated by the school board to: coordinate program activities among grade levels, building, community, and AODA program components for consistency and integrity; assist in writing, reviewing, and updating AODA policies and procedures; keep informed, communicate, and make recommendations regarding

current materials, laws, grants, research, and community resources; act as a consultant and liaison for the district regarding AODA issues; coordinate program review and evaluation; work cooperatively with and serves on district committees for related programs such as at-risk, developmental guidance, peer programs, Employee Assistance Program, academic programs, suicide prevention, and protective behaviors; ensure that there is a network that provides staff support; coordinates the development and implementation of AODA classroom curriculum; and provide ongoing system analysis. When AODA Program Coordinators (building or district) are not also administrators, they need to establish a formal link with the administrator in the district responsible for the AODA program.

Assessment: the process by which a certified assessor gathers information about a person in order to determine the nature and scope of that person's AODA-related problems, ascertains the person's needs, evaluates the entire situation, and identifies appropriate sources of help.

Awareness Group: a support group for students (K-12) who are in need of AODA information to assist them in making wise choices about alcohol and other drugs.

Case manager: the person in the school district responsible for management of a student's involvement in the Student Assistance Program.

CD: chemically dependent.

Chemical dependency: a chronic, progressive, incurable but treatable disease characterized by loss of control over alcohol or other drugs.

Chemicals: alcohol or other drugs.

Children at risk: children affected by a variety of health, social, educational, and economic factors that cause an inability to cope, thereby affecting their school attendance and performance.

COA: Children of Alcoholics.

Codependent: anyone significantly affected by another's use of alcohol or other drugs.

Community core group training: basic AODA training for community members from a variety of systems for the purpose of (1) improving their personal-system functioning toward youth and adults, (2) ensuring that all are operating from the same knowledge base, (3) learning ways of cooperating for community prevention, and (4) investigating and promoting solutions for AODA-related problems in the community.

Concerned persons group: a support group for students (K-12) who are concerned and affected by someone else's use of alcohol or other drugs.

Contact person: the individual in the school who receives referrals to the Student Assistance Program or Employee Assistance Program.

Core group: AODA-trained people who plan and facilitate the comprehensive K-12 AODA program.

DPI: Department of Public Instruction.

EAP: Employee Assistance Program.

EEN: Exceptional Educational Needs.

Enabling: allowing a person to continue a destructive behavior pattern of using alcohol and other drugs out of a mistaken belief that one is helping that person.

Group facilitation training: a program that trains people to conduct SAP groups in the school setting.

Identification: a process by which students become involved in AODA-related programs after having gone through a screening process.

Illicit drugs: drugs whose use, sale, or possession is prohibited by law.

Intervention: efforts to respond to and provide appropriate assistance to students who demonstrate behaviors of concern that may indicate an AODA problem or who seek help for such problems themselves.

MADD: Mothers Against Drunk Driving

NA: Narcotics Anonymous

OWI: operating while under the influence of alcohol or other drugs.

Peer programs: programs developed to help peers work with others using the dynamics of peer interaction, peer pressure, peer influence, and peer support.

Preassessment: a process of gathering information about a student in the school setting in order to direct him or her to appropriate service in or out of school.

Prevention: efforts to provide pupils with appropriate information and developmental experiences necessary to make personally and socially responsible decisions regarding their own use of alcohol and other drugs; and to cope effectively with personal and social results of decisions made by others regarding alcohol and other drug use.

Psychoactive drugs: drugs that alter mood, perception, and/or behavior.

Recovering students' support group: a support group for students who have participated in some form of AODA treatment.

Recovery: a process of ongoing and consistent steps or strategies that encourage chemically dependent people to regain health through nonuse and self-renewal.

Referral: a process by which a person is transferred into a system that provides services based on need.

SADD: Students Against Driving Drunk.

SAP: Student Assistance Program.

Screening: a process by which an attempt is made to determine if a correlation exists between using alcohol and other drugs and consequences occurring in a person's life.

SAP team training: the basic AODA training for school staff members, community members, and sometimes students for the purpose of developing a school-based Student Assistance Program.

Treatment: goal-oriented, highly structured activities that take place outside the school or home and are designed to interrupt alcohol or other drug abuse or chemical dependency.

Use/abuse group: a support group for students whose use of alcohol and other drugs has caused them problems in their lives.

User: someone who chooses to ingest mood-altering chemicals, including alcohol and other drugs.

Local Resources

This space is provided to list your own contact people and local resources.

Agency	*Contact Person / Telephone*	*Address*

Notes